Subject: Mandatory Meeting - DTMB Custodians of Correspondence Related to Flint
Location: Ottawa Builidng - Upper Level – Conference Room 4 OR Call-in: 866-390-1828 access code: 1842654

Start: Thu 2/18/2016 2:00 PM
End: Thu 2/18/2016 3:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: DTMB-Directors-Office
Required Attendees: Behen, David (DTMB); Donnan, Chanda (DTMB); Buhs, Caleb (DTMB); Davenport, Rodney (DTMB); Gelisse, Ashley (DTMB); Gilliland, Michael (DTMB); Spaniolo, Natalie (DTMB); Wilke, Lacey (DTMB); Stansfield, Marsha (DTMB); Ballard, Denice (DTMB); Hampton, Trisha (DTMB); DeCamp, Greg (DTMB); Gibson, Jennifer (DTMB); Hengesbach, Dane (DTMB); Ingersoll, Jean (DTMB); Jeffery, Phillip (DTMB); Philip, Brandon (DTMB); Kopacsi, Christian (DTMB); Doll, Jeanette (DTMB); McKee, Ryan (DTMB); Pratt, Jeff (DTMB); Knapp, Kathy (DTMB); Bidelman, Craig (DTMB); Bussema, Terry (DTMB); Rokely, Rick (DTMB); Tefft, Niki (DTMB); Schlegel, Nicolle (DTMB); Parker, Alexandrea (DTMB); Keilen, Elizabeth (DTMB); McPherson, Victoria (DTMB); Christensen, Chris (DTMB); Lawson, Michelle (DTMB); Nevai, Tom (DTMB); Evans, Carter (DTMB); Fick, James (DTMB); McKee, Robert (DTMB); Perry, Blane (DTMB); Riddering, Eric (DTMB); Rodgers, Anthony (DTMB); Trial, Larry (DTMB); Thompson, Kyleigh (DTMB); Glomski, Tom (DTMB); Seger, Seth (DTMB); Lee, Timothy (DTMB); Sikkema, Tyler (DTMB); Manning, Kelly (DTMB); McFarlane, James (DTMB); Galeazzi, Tiziana (DTMB); Das, Rajiv (DTMB); Pung, Linda (DTMB); Hogan, James (DTMB); Westfall, Laurie (DTMB); Palmer, Jason (DTMB); Stibitz, Brom (DTMB); Trakul, Pamela (DTMB); Swanson, Eric (DTMB); Blastic, Laura (DTMB); Furseth, Kristen (DTMB); Brancheau, Laura (DTMB); Sebok, Yvonne (DTMB); Stankiewicz, Richard (DTMB); Vera, Jason (DTMB); Jehnsen, Jeremy W (DTMB); Jodway, Kenneth (DTMB); Newman, Jeremy (DTMB); Vijayaveeraraghavan, Anupkumar (DTMB); Harmon, Paul (DTMB); Root, Everett (DTMB); Pauley, Suzanne (DTMB); Thompson, John (DTMB); Nolan, Anne (DTMB); Peterson, Rick (DTMB); Stiffler, Michelle (DTMB); Patke, Sunit (DTMB); Estill, John (DTMB); Seckelman, Joe (DTMB); Martin, Ellen (DTMB); Aprill, Brian (DTMB); Ross, Josh (DTMB); Locke, Joel (DTMB); Cross, Steven (DTMB); Clark, John (DTMB); Olkowski, Tony (DTMB); Noldy, Scott (DTMB); Baer, John (DTMB); Dickinson, Holly (DTMB); Post, Corey (DTMB); Cantin, David (DTMB); Brun, Jeremy (DTMB); Hartsuff, Lisa (DTMB); Kosloski, Joni (DTMB); Jordan, Gerald (DTMB); Sweeney, Matthew (DTMB); Turnquist, Michael (DTMB); Morgan, Dan (DTMB); Droste, Kerri (DTMB); Paasch, Keith (DTMB); Scates, Larry (DTMB); Noonan, Michael (DTMB); Walts, Brian (DTMB); Martin, Ric (DTMB); Burns, Robert (DTMB); Doxie, William (DTMB); Clark, Jim (DTMB); Bailey, Maureen (DTMB); Bos, Troy (DTMB); Phillippo, Jamie (DTMB); Spitzley, Troy (DTMB); Darby, Marchan (DTMB); Hawes, Keith (DTMB); Wright, Seth (DTMB); Rambo, Carolyn (DTMB); Millimaki, Shelly (DTMB); Nelson, Christopher (DTMB); Murphy, Chris (DTMB); Clark, Stephanie (DTMB); Cischke, Roy (DTMB); Hofmeister, David (DTMB); Reynolds, Vince (DTMB); VanCoevering, Joyce (DTMB); Ragla, Beth (DTMB); Shaw, Gary (DTMB);

Required Attendees: Wonn, Michael (DTMB); Thompson, Kristi (DTMB); Goodine, Tom (DTMB); Armstrong, Mike (DTMB); Doyle, James (DTMB); Hampton, Kristen (DTMB); Miller, Mark (DTMB); Cooley, Tom (DTMB); Waltersdorf, Rex (DTMB); Monroe, Jerry (DTMB); Bergan, Kristin (DTMB); Banks, William (DTMB); Dyson, Mike (DTMB); Stiles, Dan (DTMB); Chipman, Dan (DTMB); Hodgman, Steve (DTMB); Martin, Todd (DTMB); Weston, Jessica (DTMB); Fitton, Scott (DTMB); Sample, Brice (DTMB); Vanden Bosch, Kerrie (DTMB); Wellman, Jeff (DTMB); Brownlee, Jeff (DTMB); Maynard, Sharon (DTMB); Calahan, Heather (DTMB); Cook, Rebecca (DTMB); Hayes, Genevieve (DTMB); Riehle, Jenni (DTMB); Falik, Tom A. (DTMB); Pemble, William (DTMB); Sambiagio, Melissa (DTMB); Cieciwa, Sue (DTMB); Hunter, Lymon (DTMB); Dufour, Yvon (DTMB); Camp, William (DTMB); Hatch, David (DTMB); Troub, Shelby (DTMB); Epps, Stephanie (DTMB); Herman, Christyn (DTMB); Bliss, Mike (DTMB); Guardiola, Jamie (DTMB); jfoley@us.ibm.com

Optional Attendees: Stanaway, Deb (DTMB); Huhn, Jacqueline (DTMB); McQuaid, John (DTMB)

Please note this meeting can be attended in person or via conference call-in. Location and Dial in information are provided below.



All DTMB Custodians of Co...

*please see agenda below

Requested By:
DTMB Executive Staff

Location:
Ottawa Building
Upper Level – Conference Room 4
611 W. Ottawa Street
Lansing, MI 48933

Call-in: 866-390-1828
Access code: 1842654

Security:
Please have your State Employee ID showing at all times.

Parking:
Metered parking is available along Ottawa and Pine street.

Briefing:
In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to produce, by a certain date, any documents containing certain search terms. In this meeting we will review instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Agenda

1) Kickoff – Brom Stibitz, Chief Deputy Director
2) Why you are here – Jean Ingersoll, Interim Chief of Staff
3) What you need to do (February 22, 2016 deadline) – Jean

4) What will be done for you – Jean
5) What's next – Jean
6) Public Information Reminder – Caleb Buhs, Public Information Officer
7) Questions and Answers - Group

SOM Meeting Contact:

Janelle Longanbach
Longanbachj@michigan.gov
Office: 517-373-4210

Participants:

David Behen
Chanda Donnan
Caleb Buhs
Rodney Davenport
Ashley Gelisse
Michael Gilliland
Natalie Spaniolo
Lacy Wilke
Marsha Stansfield
Denice Ballard
Trisha Hampton
Greg DeCamp
Jennifer Gibson
Dane Hengesbach
Jean Ingersoll
Phillip Jeffery
Brandon Philip
Christian Kopacsi
Jeanette Doll
Ryan McKee
Jeff Pratt
Kathy Knapp
Craig Bidelman
Terry Bussema
Rick Rokely
Niki Tefft
Nicolle Schlegel
Alexandrea Parker
Elizabeth Keilen
Vicki McPherson
Chris Christensen
Michelle Lawson
Tom Nevai
Carter Evans
James Fick
Robert McKee
Blane Perry
Eric Riddering
Anthony Rodgers
Larry Trial
Kyleigh Thompson

Tom Glomski
Seth Seger
Tim Lee
Tyler Sikkema
Kelly Manning
James McFarlane
Tiziana Galeazzi
Rajiv Das
Linda Pung
James Hogan
Laurie Westfall
Jason Palmer
Brom Stibitz
Pam Trakul
Eric Swanson
Laura Blastic
Kristen Furseth
Laura Brancheau
Yvonne Sebok
Richard Stankiewicz
Jason Vera
Jeremy Jehnsen
Ken Jodway
Jeremy Newman
Anup Vijay
Paul Harmon
Everett Root
Suzanne Pauley
John Thompson
Anne Nolan
Rick Peterson
Michelle Stiffler
Sunit Patke
James Foley
John Estill
Joe Seckelman
Ellen Martin
Brian Aprill
Josh Ross
Joel Locke
Steven Cross
John Clark
Tony Olkowski
Scott Noldy
John Baer
Holly Dickinson
Corey Post
David Cantin
Jeremy Brun
Lisa Hartsuff
Joni Kosloski
Gerald Jordon

Matthew Sweeney
Michael Turnquist
Dan Morgan
Kerri Droste
Keith Paasch
Larry Scates
Mike Noonan
Brian Walts
Ric Martin
Robert Burns
William Doxie
Jim Clark
Maureen Bailey
Troy Bos
Jamie Phillippo
Troy Spitzley
Marchan Darby
Keith Hawes
Seth Wright
Carrie Rambo
Shelly Millimaki
Chris Nelson
Chris Murphy
Stephanie Clark
Roy Cischke
David Hofmeister
Vince Reynolds
Joyce Van Coevering
Beth Ragla
Gary Shaw
Mike Wonn
Kristi Thompson
Thomas Goodine
Mike Armstrong
Jim Doyle
Kristen Hampton
Mark Miller
Tom Cooley
Rex Waltersdorf
Jerry Monroe
Kristin Bergan
William Banks
Mike Dyson
Dan Stiles
Dan Chipman
Steve Hodgman
Todd Martin
Jessie Weston
Scott Fitton
Brice Sample
Kerrie Vanden Bosch
Jeff Wellman

Jeff Brownlee
Sharon Maynard
Heather Calahan
Rebecca Cook
Genevieve Hayes
Jennifer Riehle
Tom Falik
Bill Pemble
Melissa Sambiagio
Sue Cieciwa
Lymon Hunter
Yvon Dufour
Will Camp
David Hatch
Shelby Troub
Stephanie Epps

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
LANSING

DAVID B. BEHEN
DIRECTOR

February 17, 2016

TO: All DTMB Custodians of Correspondence Related to Flint

FROM: Jean Ingersoll, Interim Chief of Staff to David B. Behen, Director and CIO

SUBJECT: Flint Document Production – Search Terms and Guidance

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. **As a custodian, you are required to produce any documents containing the search terms listed below, no later than Monday, February 22, 2016.** This memorandum contains detailed instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Microsoft 365 – Outlook (*includes emails, calendar items) and OneDrive*

DTMB staff will centrally coordinate the Microsoft 365 search for all of DTMB's custodians. Therefore, DTMB's custodians *do not need to independently search any of their Microsoft 365 applications* for the search terms listed below.

Network Drives

Similar to the approach outlined above, DTMB staff will centrally coordinate the network drive search effort for all DTMB custodians. Custodians do *not* need to independently conduct a network drive search for the search terms below.

Non-Network Drives – *includes hard drives, desktop, and thumb/flash drives*

For all non-network drive types, ***each custodian will need to search every search term listed below in every non-network format, and move all relevant/related documents in to a network drive for collection. In order to move items to the network, you must be connected to the network.***

Start by conducting the search of all non-network drives, filling out the attached search term checklist as you go. If you need guidance as to how to perform this search, a step-by-step guide is included below in Appendix 1.

All relevant/responsive items that are produced as a result of your search need to be moved to a network drive. You can move your relevant/related documents to a network drive in whatever format the document is currently in. After the February 22, 2016, deadline, DTMB staff will access the network drives to collect the files.

Paper Files

Review all applicable paper files. Scan any relevant/related documents, and save them to a network drive, as described above. If this is not possible, you may provide hard copies of documents to Jean Ingersoll in the Director's Office. These documents must be received in the Director's Office by February 22, 2016, and will not be returned to you.

Home Computer

Any relevant e-mails or other documents on a personal computer also are subject to this request. Please check your personal computer for any e-mails or other documents relating to this search. If you discover any relevant/related documents, please include the phrase "personal computer" in the file name, and save them to the aforementioned network drive.

Conclusion

Thank you for your cooperation in complying with this request. Should you have any questions, please contact Jean Ingersoll at 1-8844.

Attachments

- FOIA Checklist
- Attachment 1 – Search Guidance

Search Term Checklist

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to search and copy all items that you identify to a DTMB network drive, as described above.

Please complete your search no later than close of business on Monday, February 22, 2016. Relevant/related items from the past 10 years should be included.

You should search for *each term exactly as it is shown below, and include quotation marks around each separate word.* For example, "Legionnaire", "Legionella", or "Flint" would all go into search fields. After you complete a search term, check the box beside the term.

Search Terms:

- ☐ "Legionnaire"
- ☐ "Legionella"
- ☐ "boil water order" & "Flint"
- ☐ "coli" & "Flint"
- ☐ "bacteria" & "Flint"
- ☐ "microb" & "Flint"
- ☐ "TTHM" & "Flint"
- ☐ "Lead" & "Flint"
- ☐ "emergency" & "Flint"
- ☐ "Karegnondi"
- ☐ "Genesee County Health Department"
- ☐ "Flint" & "utilities"
- ☐ "Lead and Copper Rule"
- ☐ "Detroit Water and Sewerage Department" & "Flint"
- ☐ "DWSD" & "Flint"
- ☐ "Flint River"
- ☐ "Pb" & "water"
- ☐ "KWA"

Search conducted on the email account of: _____

By (your name): _____

Date completed: _____

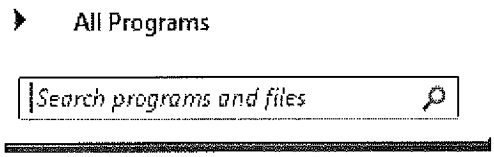
Please return this completed Checklist to DTMB Director's Office staff by February 22, 2016, at DTMB@michigan.gov, or
Directors Office, Cass Building, Second Floor

APPENDIX 1 – Search Guidance

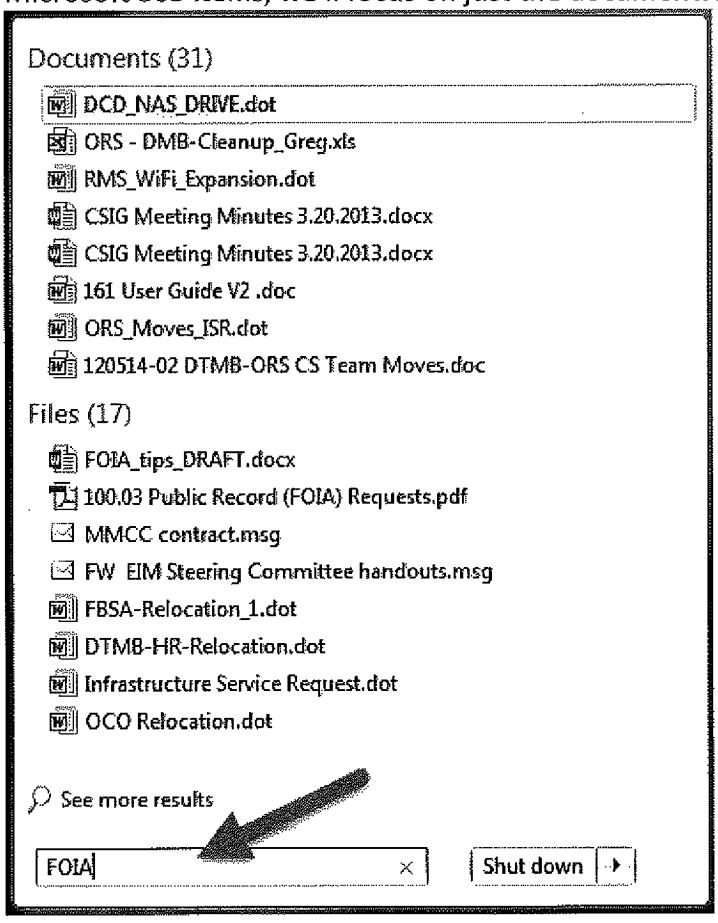
Regardless of what version of Windows you're using, each of them has a search feature built in called "Windows Explorer," you see it every time you open up a folder on a network drive, or on your own computer.

Using the search function in windows 7

Since the majority of DTMB is on Windows 7, the examples below are on that operating system. If you click on windows Start button, you'll see the search box right next to it

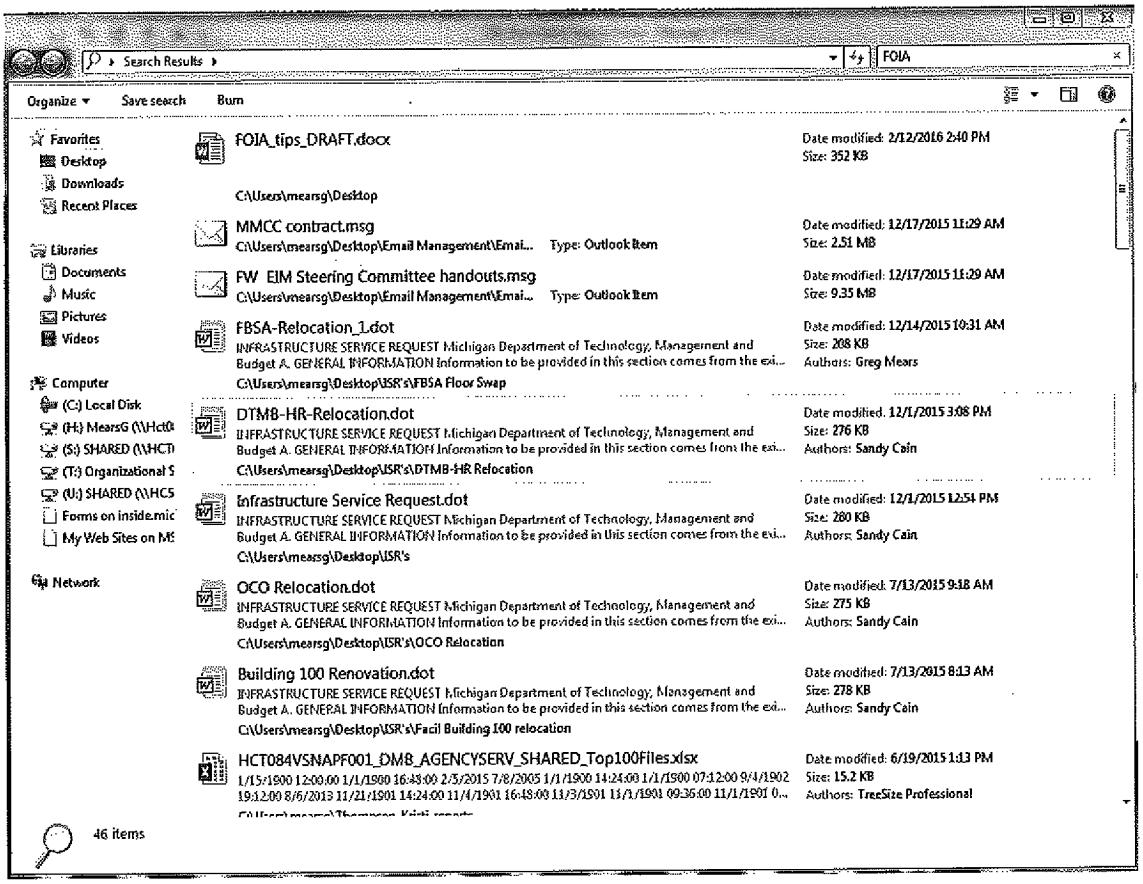


This example searches for the word FOIA. As you can see, the search yielded numerous documents including emails. Since DTMB is centrally collecting relevant emails and other Microsoft 365 items, we'll focus on just the documents.



You need to open each document to make sure that it's relevant. In this instance, the search brought up a DTMB Move form, but only because it has the word FOIA in the form.
You'll notice that the words "See more results" appears at the bottom of the list. This means that the search turned up a lot more documents than what can easily be displayed. You must

click on the link to open Windows Explorer and reveal a comprehensive list, along with their locations.



As you can see from this example the search found 46 items. We can now select them all using the "Ctrl-A method", and copy them to a network drive.

Subject: Mandatory Meeting - DTMB Custodians of Correspondence Related to Flint
Location: Ottawa Builidng - Upper Level – Conference Room 4 OR Call-in: 866-390-1828 access code: 1842654

Start: Thu 2/18/2016 2:00 PM
End: Thu 2/18/2016 3:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: DTMB-Directors-Office
Required Attendees: Behen, David (DTMB); Donnan, Chanda (DTMB); Buhs, Caleb (DTMB); Davenport, Rodney (DTMB); Gelisse, Ashley (DTMB); Gilliland, Michael (DTMB); Spaniolo, Natalie (DTMB); Wilke, Lacey (DTMB); Stansfield, Marsha (DTMB); Ballard, Denice (DTMB); Hampton, Trisha (DTMB); DeCamp, Greg (DTMB); Gibson, Jennifer (DTMB); Hengesbach, Dane (DTMB); Ingersoll, Jean (DTMB); Jeffery, Phillip (DTMB); Philip, Brandon (DTMB); Kopacsi, Christian (DTMB); Doll, Jeanette (DTMB); McKee, Ryan (DTMB); Pratt, Jeff (DTMB); Knapp, Kathy (DTMB); Bidelman, Craig (DTMB); Bussema, Terry (DTMB); Rokely, Rick (DTMB); Tefft, Niki (DTMB); Schlegel, Nicolle (DTMB); Parker, Alexandrea (DTMB); Keilen, Elizabeth (DTMB); McPherson, Victoria (DTMB); Christensen, Chris (DTMB); Lawson, Michelle (DTMB); Nevai, Tom (DTMB); Evans, Carter (DTMB); Fick, James (DTMB); McKee, Robert (DTMB); Perry, Blane (DTMB); Riddering, Eric (DTMB); Rodgers, Anthony (DTMB); Trial, Larry (DTMB); Thompson, Kyleigh (DTMB); Glomski, Tom (DTMB); Seger, Seth (DTMB); Lee, Timothy (DTMB); Sikkema, Tyler (DTMB); Manning, Kelly (DTMB); McFarlane, James (DTMB); Galeazzi, Tiziana (DTMB); Das, Rajiv (DTMB); Pung, Linda (DTMB); Hogan, James (DTMB); Westfall, Laurie (DTMB); Palmer, Jason (DTMB); Stibitz, Brom (DTMB); Trakul, Pamela (DTMB); Swanson, Eric (DTMB); Blastic, Laura (DTMB); Furseth, Kristen (DTMB); Brancheau, Laura (DTMB); Sebok, Yvonne (DTMB); Stankiewicz, Richard (DTMB); Vera, Jason (DTMB); Jehnsen, Jeremy W (DTMB); Jodway, Kenneth (DTMB); Newman, Jeremy (DTMB); Vijayaveeraraghavan, Anupkumar (DTMB); Harmon, Paul (DTMB); Root, Everett (DTMB); Pauley, Suzanne (DTMB); Thompson, John (DTMB); Nolan, Anne (DTMB); Peterson, Rick (DTMB); Stiffler, Michelle (DTMB); Patke, Sunit (DTMB); Estill, John (DTMB); Seckelman, Joe (DTMB); Martin, Ellen (DTMB); Aprill, Brian (DTMB); Ross, Josh (DTMB); Locke, Joel (DTMB); Cross, Steven (DTMB); Clark, John (DTMB); Olkowski, Tony (DTMB); Noldy, Scott (DTMB); Baer, John (DTMB); Dickinson, Holly (DTMB); Post, Corey (DTMB); Cantin, David (DTMB); Brun, Jeremy (DTMB); Hartsuff, Lisa (DTMB); Kosloski, Joni (DTMB); Jordan, Gerald (DTMB); Sweeney, Matthew (DTMB); Turnquist, Michael (DTMB); Morgan, Dan (DTMB); Droste, Kerri (DTMB); Paasch, Keith (DTMB); Scates, Larry (DTMB); Noonan, Michael (DTMB); Walts, Brian (DTMB); Martin, Ric (DTMB); Burns, Robert (DTMB); Doxie, William (DTMB); Clark, Jim (DTMB); Bailey, Maureen (DTMB); Bos, Troy (DTMB); Phillippo, Jamie (DTMB); Spitzley, Troy (DTMB); Darby, Marchan (DTMB); Hawes, Keith (DTMB); Wright, Seth (DTMB); Rambo, Carolyn (DTMB); Millimaki, Shelly (DTMB); Nelson, Christopher (DTMB); Murphy, Chris (DTMB); Clark, Stephanie (DTMB); Cischke, Roy (DTMB); Hofmeister, David (DTMB); Reynolds, Vince (DTMB); VanCoevering, Joyce (DTMB); Ragla, Beth (DTMB); Shaw, Gary (DTMB);

Required Attendees: Wonn, Michael (DTMB); Thompson, Kristi (DTMB); Goodine, Tom (DTMB); Armstrong, Mike (DTMB); Doyle, James (DTMB); Hampton, Kristen (DTMB); Miller, Mark (DTMB); Cooley, Tom (DTMB); Waltersdorf, Rex (DTMB); Monroe, Jerry (DTMB); Bergan, Kristin (DTMB); Banks, William (DTMB); Dyson, Mike (DTMB); Stiles, Dan (DTMB); Chipman, Dan (DTMB); Hodgman, Steve (DTMB); Martin, Todd (DTMB); Weston, Jessica (DTMB); Fitton, Scott (DTMB); Sample, Brice (DTMB); Vanden Bosch, Kerrie (DTMB); Wellman, Jeff (DTMB); Brownlee, Jeff (DTMB); Maynard, Sharon (DTMB); Calahan, Heather (DTMB); Cook, Rebecca (DTMB); Hayes, Genevieve (DTMB); Riehle, Jenni (DTMB); Falik, Tom A. (DTMB); Pemble, William (DTMB); Sambiagio, Melissa (DTMB); Cieciwa, Sue (DTMB); Hunter, Lymon (DTMB); Dufour, Yvon (DTMB); Camp, William (DTMB); Hatch, David (DTMB); Troub, Shelby (DTMB); Epps, Stephanie (DTMB); Herman, Christyn (DTMB); Bliss, Mike (DTMB); Guardiola, Jamie (DTMB); 'jfoley@us.ibm.com'

Optional Attendees: Stanaway, Deb (DTMB); Huhn, Jacqueline (DTMB); McQuaid, John (DTMB); Reasner, Richard (DTMB); Rakowski, Rock (DTMB); Gonzalez, Tonyia (DTMB); Doerr, Stephen (DTMB); Isaacs, Jan (DTMB)

Please note this meeting can be attended in person or via conference call-in. Location and Dial in information are provided below.



All DTMB Custodians of Co...

***This attachment was updated 2/18/16**

*See agenda below

Requested By:
DTMB Executive Staff

Location:
Ottawa Building
Upper Level – Conference Room 4
611 W. Ottawa Street
Lansing, MI 48933

Call-in: 866-390-1828
Access code: 1842654

Security:
Please have your State Employee ID showing at all times.

Parking:
Metered parking is available along Ottawa and Pine street.

Briefing:
In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive

correspondence and/or documents related to these requests. As a custodian, you are required to produce, by a certain date, any documents containing certain search terms. In this meeting we will review instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Agenda

1) Kickoff – Brom Stibitz, Chief Deputy Director
2) Why you are here – Jean Ingersoll, Interim Chief of Staff
3) What you need to do (February 22, 2016 deadline) – Jean
4) What will be done for you – Jean
5) What's next – Jean
6) Public Information Reminder – Caleb Buhs, Public Information Officer
7) Questions and Answers - Group

SOM Meeting Contact:

Janelle Longanbach
LonganbachJ@michigan.gov
Office: 517-373-4210

Participants:

David Behen
Chanda Donnan
Caleb Buhs
Rodney Davenport
Ashley Gelisse
Michael Gilliland
Natalie Spaniolo
Lacy Wilke
Marsha Stansfield
Denice Ballard
Trisha Hampton
Greg DeCamp
Jennifer Gibson
Dane Hengesbach
Jean Ingersoll
Phillip Jeffery
Brandon Philip
Christian Kopacsi
Jeanette Doll
Ryan McKee
Jeff Pratt
Kathy Knapp
Craig Bidelman
Terry Bussema
Rick Rokely
Niki Tefft
Nicolle Schlegel
Alexandrea Parker
Elizabeth Keilen
Vicki McPherson
Chris Christensen
Michelle Lawson
Tom Nevai

Carter Evans
James Fick
Robert McKee
Blane Perry
Eric Riddering
Anthony Rodgers
Larry Trial
Kyleigh Thompson
Tom Glomski
Seth Seger
Tim Lee
Tyler Sikkema
Kelly Manning
James McFarlane
Tiziana Galeazzi
Rajiv Das
Linda Pung
James Hogan
Laurie Westfall
Jason Palmer
Brom Stibitz
Pam Trakul
Eric Swanson
Laura Blastic
Kristen Furseth
Laura Brancheau
Yvonne Sebok
Richard Stankiewicz
Jason Vera
Jeremy Jehnsen
Ken Jodway
Jeremy Newman
Anup Vijay
Paul Harmon
Everett Root
Suzanne Pauley
John Thompson
Anne Nolan
Rick Peterson
Michelle Stiffler
Sunit Patke
James Foley
John Estill
Joe Seckelman
Ellen Martin
Brian Aprill
Josh Ross
Joel Locke
Steven Cross
John Clark
Tony Olkowski
Scott Noldy

John Baer
Holly Dickinson
Corey Post
David Cantin
Jeremy Brun
Lisa Hartsuff
Joni Kosloski
Gerald Jordon
Matthew Sweeney
Michael Turnquist
Dan Morgan
Kerri Droste
Keith Paasch
Larry Scates
Mike Noonan
Brian Walts
Ric Martin
Robert Burns
William Doxie
Jim Clark
Maureen Bailey
Troy Bos
Jamie Phillippo
Troy Spitzley
Marchan Darby
Keith Hawes
Seth Wright
Carrie Rambo
Shelly Millimaki
Chris Nelson
Chris Murphy
Stephanie Clark
Roy Cischke
David Hofmeister
Vince Reynolds
Joyce Van Coevering
Beth Ragla
Gary Shaw
Mike Wonn
Kristi Thompson
Thomas Goodine
Mike Armstrong
Jim Doyle
Kristen Hampton
Mark Miller
Tom Cooley
Rex Waltersdorf
Jerry Monroe
Kristin Bergan
William Banks
Mike Dyson
Dan Stiles

Dan Chipman
Steve Hodgman
Todd Martin
Jessie Weston
Scott Fitton
Brice Sample
Kerrie Vanden Bosch
Jeff Wellman
Jeff Brownlee
Sharon Maynard
Heather Calahan
Rebecca Cook
Genevieve Hayes
Jennifer Riehle
Tom Falik
Bill Pemble
Melissa Sambiagio
Sue Cieciwa
Lymon Hunter
Yvon Dufour
Will Camp
David Hatch
Shelby Troub
Stephanie Epps



All DTMB
Custodians of Co...

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
LANSING

DAVID B. BEHEN
DIRECTOR

February 17, 2016

TO: All DTMB Custodians of Correspondence Related to Flint

FROM: Jean Ingersoll, Interim Chief of Staff to David B. Behen, Director and CIO

SUBJECT: Flint Document Production – Search Terms and Guidance

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. **As a custodian, you are required to produce any documents containing the search terms listed below, no later than Monday, February 22, 2016.** This memorandum contains detailed instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Microsoft 365 – Outlook (*includes emails, calendar items) and OneDrive*

DTMB staff will centrally coordinate the Microsoft 365 search for all of DTMB's custodians. Therefore, DTMB's custodians *do not need to independently search any of their Microsoft 365 applications* for the search terms listed below.

Network Drives

Similar to the approach outlined above, DTMB staff will centrally coordinate the network drive search effort for all DTMB custodians. Custodians do *not* need to independently conduct a network drive search for the search terms below.

Non-Network Drives – *includes hard drives, desktop, and thumb/flash drives*

For all non-network drive types, ***each custodian will need to search every search term listed below in every non-network format, and move all relevant/related documents in to a network drive for collection. In order to move items to the network, you must be connected to the network.***

Start by conducting the search of all non-network drives, filling out the attached search term checklist as you go. If you need guidance as to how to perform this search, a step-by-step guide is included below in Appendix 1.

All relevant/responsive items that are produced as a result of your search need to be moved to a network drive. You can move your relevant/related documents to a network drive in whatever format the document is currently in. After the February 22, 2016, deadline, DTMB staff will access the network drives to collect the files.

Paper Files

Review all applicable paper files. Scan any relevant/related documents, and save them to a network drive, as described above. If this is not possible, you may provide hard copies of documents to Jean Ingersoll in the Director's Office. These documents must be received in the Director's Office by February 22, 2016, and will not be returned to you.

Home Computer

Any relevant e-mails or other documents on a personal computer also are subject to this request. Please check your personal computer for any e-mails or other documents relating to this search. If you discover any relevant/related documents, please include the phrase "personal computer" in the file name, and save them to the aforementioned network drive.

Conclusion

Thank you for your cooperation in complying with this request. Should you have any questions, please contact Jean Ingersoll at 1-8844.

Attachments

- FOIA Checklist
- Attachment 1 – Search Guidance

Search Term Checklist

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to search and copy all items that you identify to a DTMB network drive, as described above.

Please complete your search no later than close of business on Monday, February 22, 2016. Relevant/related items from the past 10 years should be included.

You should search for *each term exactly as it is shown below, and include quotation marks around each separate word.* For example, "Legionnaire", "Legionella", or "Flint" would all go into search fields. After you complete a search term, check the box beside the term.

Search Terms:

- ☐ "Legionnaire"
- ☐ "Legionella"
- ☐ "boil water order" & "Flint"
- ☐ "coli" & "Flint"
- ☐ "bacteria" & "Flint"
- ☐ "microb" & "Flint"
- ☐ "TTHM" & "Flint"
- ☐ "Lead" & "Flint"
- ☐ "emergency" & "Flint"
- ☐ "Karegnondi"
- ☐ "Genesee County Health Department"
- ☐ "Flint" & "utilities"
- ☐ "Lead and Copper Rule"
- ☐ "Detroit Water and Sewerage Department" & "Flint"
- ☐ "DWSD" & "Flint"
- ☐ "Flint River"
- ☐ "Pb" & "water"
- ☐ "KWA"

Search conducted on the email account of: _____

By (your name): _____

Date completed: _____

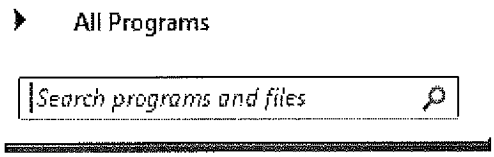
Please return this completed Checklist to DTMB Director's Office staff by February 22, 2016, at DTMB@michigan.gov, or
Directors Office, Cass Building, Second Floor

APPENDIX 1 – Search Guidance

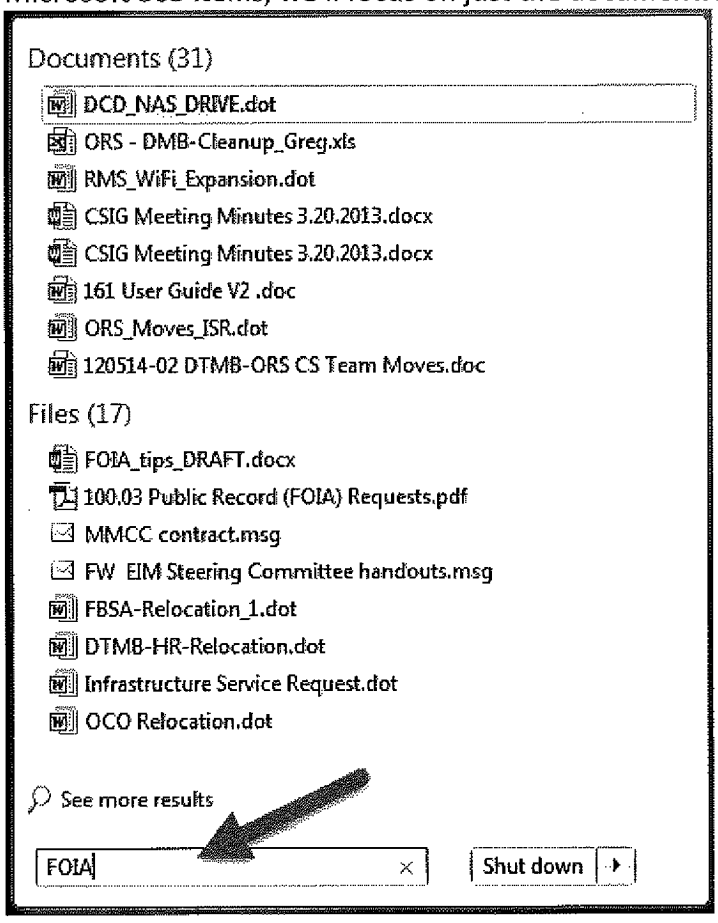
Regardless of what version of Windows you're using, each of them has a search feature built in called "Windows Explorer," you see it every time you open up a folder on a network drive, or on your own computer.

Using the search function in windows 7

Since the majority of DTMB is on Windows 7, the examples below are on that operating system. If you click on windows Start button, you'll see the search box right next to it

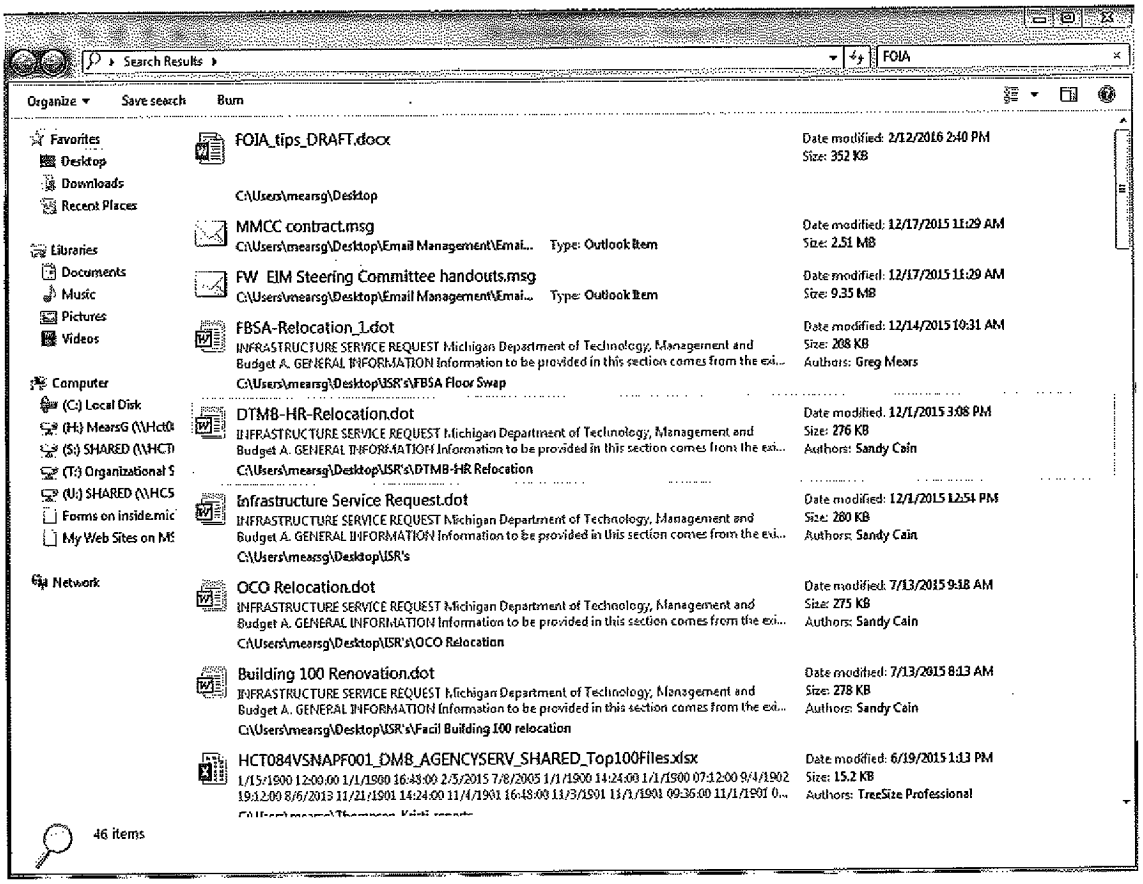


This example searches for the word FOIA. As you can see, the search yielded numerous documents including emails. Since DTMB is centrally collecting relevant emails and other Microsoft 365 items, we'll focus on just the documents.



You need to open each document to make sure that it's relevant. In this instance, the search brought up a DTMB Move form, but only because it has the word FOIA in the form.
You'll notice that the words "See more results" appears at the bottom of the list. This means that the search turned up a lot more documents than what can easily be displayed. You must

click on the link to open Windows Explorer and reveal a comprehensive list, along with their locations.



As you can see from this example the search found 46 items. We can now select them all using the "Ctrl-A method", and copy them to a network drive.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
LANSING

DAVID B. BEHEN
DIRECTOR

February 18, 2016

TO: All DTMB Custodians of Correspondence Related to Flint

FROM: Jean Ingersoll, Interim Chief of Staff to David B. Behen, Director and CIO

SUBJECT: Flint Document Production – Search Terms and Guidance

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. **As a custodian, you are required to produce any documents containing the search terms listed below, no later than Monday, February 22, 2016.** This memorandum contains detailed instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Microsoft 365 – Outlook (*includes emails, calendar items) and OneDrive*

DTMB staff will centrally coordinate the Microsoft 365 search for all of DTMB's custodians. Therefore, DTMB's custodians *do not need to independently search any of their Microsoft 365 applications* for the search terms listed below.

Network Drives

Similar to the approach outlined above, DTMB staff will centrally coordinate the network drive search effort for all DTMB custodians. Custodians do *not* need to independently conduct a network drive search for the search terms below.

Non-Network Drives – *includes hard drives, desktop, and thumb/flash drives*

For all non-network drive types, ***each custodian will need to search every search term listed below in every non-network format, and move all relevant/related documents in to a network drive for collection. In order to move items to the network, you must be connected to the network.***

Start by conducting the search of all non-network drives, filling out the attached search term checklist as you go. If you need guidance as to how to perform this search, a step-by-step guide is included below in Appendix 1.

All relevant/responsive items that are produced as a result of your search need to be moved to a network drive. You can move your relevant/related documents to a network drive in whatever format the document is currently in. After the February 22, 2016, deadline, DTMB staff will access the network drives to collect the files.

Paper Files

Review all applicable paper files. Scan any relevant/related documents, and save them to a network drive, as described above. If this is not possible, you may provide hard copies of documents to Jean Ingersoll in the Director's Office. These documents must be received in the Director's Office by February 22, 2016, and will not be returned to you.

Home Computer

Any relevant e-mails or other documents on a personal computer also are subject to this request. Please check your personal computer for any e-mails or other documents relating to this search. If you discover any relevant/related documents, please include the phrase "personal computer" in the file name, and save them to the aforementioned network drive.

Conclusion

Thank you for your cooperation in complying with this request. Should you have any questions, please contact Jean Ingersoll at 1-8844.

Attachments

- FOIA Checklist
- Attachment 1 – Search Guidance

Search Term Checklist

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to search and copy all items that you identify to a DTMB network drive, as described above.

Please complete your search no later than close of business on Monday, February 22, 2016. Relevant/related items from the past 10 years should be included.

You should search for *each term exactly as it is shown below, and include quotation marks around each separate word.* For example, "Legionnaire", "Legionella", or "Flint" would all go into search fields. After you complete a search term, check the box beside the term.

Search Terms:

- ☐ "Legionnaire"
- ☐ "Legionella"
- ☐ "boil water order" & "Flint"
- ☐ "coli" & "Flint"
- ☐ "bacteria" & "Flint"
- ☐ "microb" & "Flint"
- ☐ "TTHM" & "Flint"
- ☐ "Lead" & "Flint"
- ☐ "emergency" & "Flint"
- ☐ "Karegnondi"
- ☐ "Genesee County Health Department"
- ☐ "Flint" & "utilities"
- ☐ "Lead and Copper Rule"
- ☐ "Detroit Water and Sewerage Department" & "Flint"
- ☐ "DWSD" & "Flint"
- ☐ "Flint River"
- ☐ "Pb" & "water"
- ☐ "KWA"
- ☐ "Flint" & "water"

Search conducted on the email account of: _____

By (your name): _____

Date completed: _____

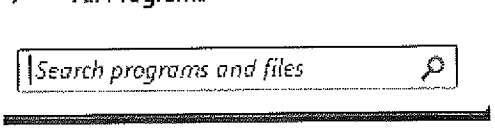
Please return this completed Checklist to DTMB Director's Office staff by Monday, February 22, 2016, at DTMB@michigan.gov, or Directors Office, Cass Building, Second Floor

APPENDIX 1 – Search Guidance

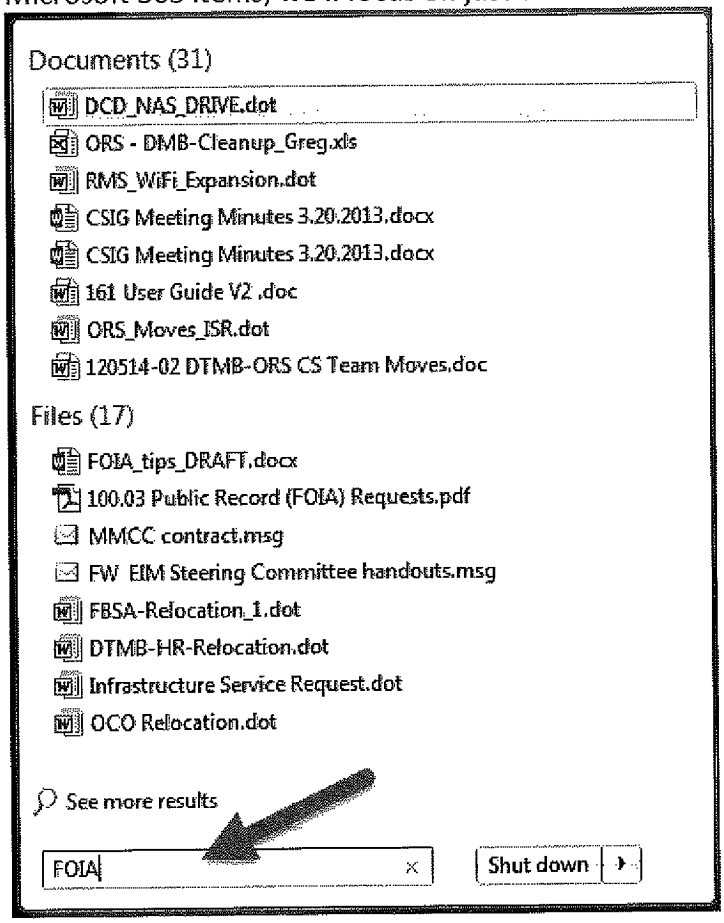
Regardless of what version of Windows you're using, each of them has a search feature built in called "Windows Explorer," you see it every time you open up a folder on a network drive, or on your own computer.

Using the search function in windows 7

Since the majority of DTMB is on Windows 7, the examples below are on that operating system. If you click on windows Start button, you'll see the search box right next to it

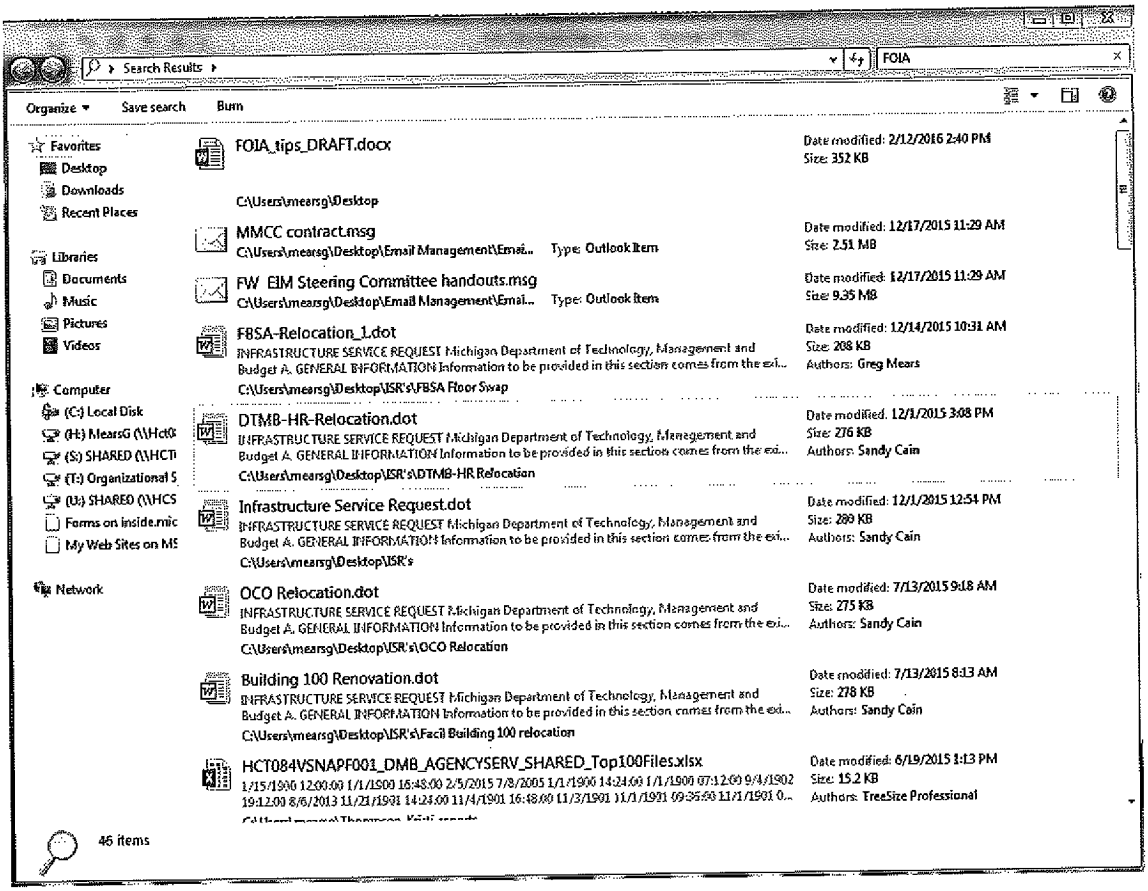


This example searches for the word FOIA. As you can see, the search yielded numerous documents including emails. Since DTMB is centrally collecting relevant emails and other Microsoft 365 items, we'll focus on just the documents.



You need to open each document to make sure that it's relevant. In this instance, the search brought up a DTMB Move form, but only because it has the word FOIA in the form.
You'll notice that the words "See more results" appears at the bottom of the list. This means that the search turned up a lot more documents than what can easily be displayed. You must

click on the link to open Windows Explorer and reveal a comprehensive list, along with their locations.



As you can see from this example the search found 46 items. We can now select them all using the "Ctrl-A method", and copy them to a network drive.

From: Waltersdorf, Rex (DTMB)
Sent: Tuesday, January 26, 2016 1:12 PM
To: 'Hampton, Kristen (DTMB) (HamptonK@michigan.gov)'
Subject: new, 4 different Flint water Brochures

Rex Waltersdorf
Print Consultant
DTMB Print & Graphic Services
Phone: 517-322-5889
Fax: 517-322-5968
Email: WaltersdorfR@michigan.gov



From: Waltersdorf, Rex (DTMB)
Sent: Tuesday, January 26, 2016 1:13 PM
To: 'Hampton, Kristen (DTMB) (HamptonK@michigan.gov)'
Subject: 4 different water brochure
Attachments: 4 diff flint water.pdf

Kristen,

Here is the quote letter with descriptions.

Rex Waltersdorf
Print Consultant
DTMB Print & Graphic Services
Phone: 517-322-5889
Fax: 517-322-5968
Email: WaltersdorfR@michigan.gov



Department of Technology, Management & Budget
Printing Services

Estimate # 43257

Date: January 26, 2016

Customer:	**Department of Technology, Management & Budget**	Estimated By:	**Rex Waltersdorf**
Contact:		Consultant:	**Mark Miller**
Phone:		Order Num:	
Fax:			
Description:	**Four Diff Flint Water Brochures**		
Finish Size:	**8.50 X 11.00**	Configuration:	**Four Diff Flint Water Brochures**

Notes

GC Health Dept 30,000 4/4 8.5 x 11
DEQ Flint 10,000 4/0 8.5 x 11
GC Lead 30,000 4/0 8.5 x 14
How to Install 30,000 4/4 11 x 17, fold to 8.5 x 11

Paper

70# Prdctlith Matte 19x25 White

Ink

4/C Process Inks

Estimate Totals:

Quantity:	**30,000**
*Price:	**$7,466.26**
Each:	**$0.25**

Sent: Thursday, February 04, 2016 10:49 AM
To: Mose, Sandi Kay (DHHS);Noonan, Michael (DTMB)
Cc: Thompson, Sheryl D. (DHHS)
Subject: RE: Additional Water Coolers

From: Mose, Sandi Kay (DHHS)
Sent: Thursday, February 04, 2016 10:35 AM
To: Noonan, Michael (DTMB) <noonanm@michigan.gov>
Cc: Walts, Brian (DTMB) <WaltsB@michigan.gov>; Thompson, Sheryl D. (DHHS) <ThompsonS2@michigan.gov>
Subject: Additional Water Coolers

Any chance we can get more water coolers in the staff areas?
Some staff are reporting that they have visited their doctor's office and have elevated blood lead levels.

Sandi

Sandi Mose
Genesee County Director
Department of Health and Human Services – Genesee County Adult Services Director – Business Service Center 2
4809 Clio Road
Flint, MI 48504
Office (810) 760-2645
Cell (810) 347-6257
Fax (810) 760-2984

From: Noonan, Michael (DTMB)
Sent: Tuesday, January 06, 2015 6:09 PM
To: Mose, Sandi Kay (DHS)
Cc: Walts, Brian (DTMB)
Subject: Re: City of Flint WATER

We are working with our main office and hope to have a preventive solution in place.

Michael Noonan

Facility Supervisor

East Zone 517-373-6227

On Jan 6, 2015, at 4:57 PM, "Mose, Sandi Kay (DHS)" <MoseS@michigan.gov> wrote:

> Sharing...as the initial email could create some "panic".
>
> ---
>
> **From:** Mose, Sandi Kay (DHS)
> **Sent:** Tuesday, January 06, 2015 4:56 PM
> **To:** Turner, David (DHS); Rauch, Randy (DHS)
> **Cc:** Holloway, Michelle (DHS); Roubal, Lewis (DHS); Knispel, Cynthia Ann (DHS) (KnispelC@michigan.gov); Reinke, Nancy Lee (ReinkeN@michigan.gov); Fountain, Tracey (DHS)
> **Subject:** RE: City of Flint WATER
>
> David,
>
> Thanks for forwarding this information.
>
> Just a couple of items to point out.
>
> 1) The attached notice entitled *Flint Water.pdf* says that the water is not unsafe. It states:
>
> "What should I do?
> - There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are the elderly. In that case, you may be at increased risk and should seek advice about drinking water from your healthcare provider.
> - **You do not need to boil your water or take other corrective actions.** If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.
>
> What does this mean?
> **This is not an emergency.** If it had been an emergency, you would have been notified within 24 hours..."
>
> 2) The press release attached indicates that this notice was sent due to test results for a period ending 11/30/14.
>
> Sandi

Sandi Mose
County Director
Genesee County DHS
125 E. Union Street
PO Box 1629
Flint, MI 48501
Office (810) 760-2645
Cell (810) 347-6257
Fax (810) 760-2984

From: Turner, David (DHS)
Sent: Tuesday, January 06, 2015 4:14 PM
To: Mose, Sandi Kay (DHS); Rauch, Randy (DHS)
Cc: Holloway, Michelle (DHS); Roubal, Lewis (DHS)
Subject: FW: City of Flint WATER

FYI

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Bailey, Maureen (DTMB)
Sent: Tuesday, January 06, 2015 3:42 PM
To: Bos, Troy (DTMB); Warner, Kurt (DHS); Turner, David (DHS); Holloway, Michelle (DHS); Moyer, Susan (DHS); Brownell, Suzanne (DCH); Pasch, Kami K. (MDOC); Thomas, David (LARA); Thelen, Ethan (LARA); Spitzley, Troy (DTMB); Davlantes, Alex (MDE); 'modvm@michigan.gov'; Fay, Kathleen (MSP); Badgero, William (MDOS); Algren, Keli (DMVA)
Subject: FW: City of Flint WATER

Flint water is unsafe.

<mime-attachment>

<Flint Water.pdf>

<Flint Water.pdf>

From: Uphaus, Jamie (DTMB)
Sent: Wednesday, January 07, 2015 10:08 AM
To: Walts, Brian (DTMB)
Subject: RE: City of Flint Drinking Water

Thanks Brian this was very helpful with making the decision. Congrats on 15 years of great work, it is a pleasure working with you.

From: Walts, Brian (DTMB)
Sent: Tuesday, January 06, 2015 6:54 PM
To: Scates, Larry (DTMB); Paasch, Keith (DTMB); Uphaus, Jamie (DTMB)
Cc: Noonan, Michael (DTMB)
Subject: City of Flint Drinking Water

Team,

With my background in potable water I thought it would be worth sharing some information I have gained over the years to help make a plan on how to address the news release concerning the City of Flint Drinking Water. The violation in the water test samples, in this case, only requires the supplier to inform its user of the elevated contamination above the set standard. In this case it does not make the water unsafe to drink only that it could be an issue with prolonged ingestion. Given our transient population and a new notification the possibility of anyone having an issue is extremely low or DEQ would require a no drinking notice instead of MCL violation notice. Mike does have staff going to get a pallet of bottle water and we will post these notices around the building to help with the notification requirements but the problem with this violation is that it is caused in part by the chlorine the City of Flint uses to disinfect the water they supply and is essential for their safe operation, so we may be dealing with this type of notice for several months until they can adjust their operational practices. In the release it says they plan is to have it corrected sometime in 2015. My concern is what we start to provide we will probably have to continue until the contaminant level is lowered. We are not required at this time to boil or provide any alternative drinking water but if we do I suggest we use the bigger water coolers and place one on every occupied floor by the drinking fountains along with the violation notification. With the floors under renovation that would only be 4 units maybe a couple more if we wanted 2 on a floor. One company I made contact with would rent the dispenser for $8.00 per month and charge us $5.50 per 5 gallon container of water when delivered. We could also choose to post the notification by our drinking fountains and do nothing else but considering the cost I would prefer setting up the water coolers. I will make contact with the City of Flint Water Plant and try to get a better date for a correction of the problem and shop a couple of other potable water suppliers for the best price. Please let me know what direction you think we should go and I will forward any other information to you as I receive it. I hope the information helps!

Thanks,
Brian

From: Scates, Larry (DTMB)
Sent: Wednesday, January 07, 2015 10:09 AM
To: Martin, Ric (DTMB)
Cc: Walts, Brian (DTMB)
Subject: FW: City of Flint WATER
Attachments: Flint Water.pdf

Ric,

See attached.

Larry Scates
Departmental Manager, Secondary Complex/Outstates
DTMB, Facilities and Business Services Administration
Building Operations Division
scatesl@michigan.gov.

From: Spitzley, Troy (DTMB)
Sent: Tuesday, January 06, 2015 4:34 PM
To: Noonan, Michael (DTMB); Walts, Brian (DTMB)
Cc: Uphaus, Jamie (DTMB); Scates, Larry (DTMB)
Subject: FW: City of Flint WATER

See the attachment. We should probably supply bottled water for the tenants...

Thanks,
Troy

From: Bailey, Maureen (DTMB)
Sent: Tuesday, January 06, 2015 3:42 PM
To: Bos, Troy (DTMB); Warner, Kurt (DHS); Turner, David (DHS); Holloway, Michelle (DHS); Moyer, Susan (DHS); Brownell, Suzanne (DCH); Pasch, Kami K. (MDOC); Thomas, David (LARA); Thelen, Ethan (LARA); Spitzley, Troy (DTMB); Davlantes, Alex (MDE); 'modym@michigan.gov'; Fay, Kathleen (MSP); Badgero, William (MDOS); Algren, Keli (DMVA)
Subject: FW: City of Flint WATER

Flint water is unsafe.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

City of Flint Did Not Meet Treatment Requirements

Our water system was recently found to be in violation of a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Samples were collected for total trihalomethanes (TTHM) analysis from eight locations on a quarterly basis (May 21, August 21, and November 20 of 2014). The average of the results at **ANY** of the eight locations must not exceed the maximum contaminant level (MCL) for TTHMs, otherwise our water system exceeds the Maximum Contaminant Level (MCL). The standard for TTHMs is 80 ug/L. The location reporting the highest TTHM level was 81 ug/L, thus, our water system exceeds the TTHM MCL.

What should I do?

- There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are elderly. In that case, you may be at increased risk and should seek advice about drinking water from your health care provider.
- You do not need to boil your water or take other corrective actions. If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What does this mean?

This is not an emergency. If it had been an emergency, you would have been notified within 24 hours.

People who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

What is being done?

We are currently working on solutions to correct the problem. We anticipate resolving the problem in 2015.

For more information, please contact Mr. Brent Wright or Mike Glasgow at 810-787-6537 or the Water Plant at 4500 North Dort Highway, Flint, MI 48505.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by the City of Flint.

CERTIFICATION: F1 S3 WSSN: 02310

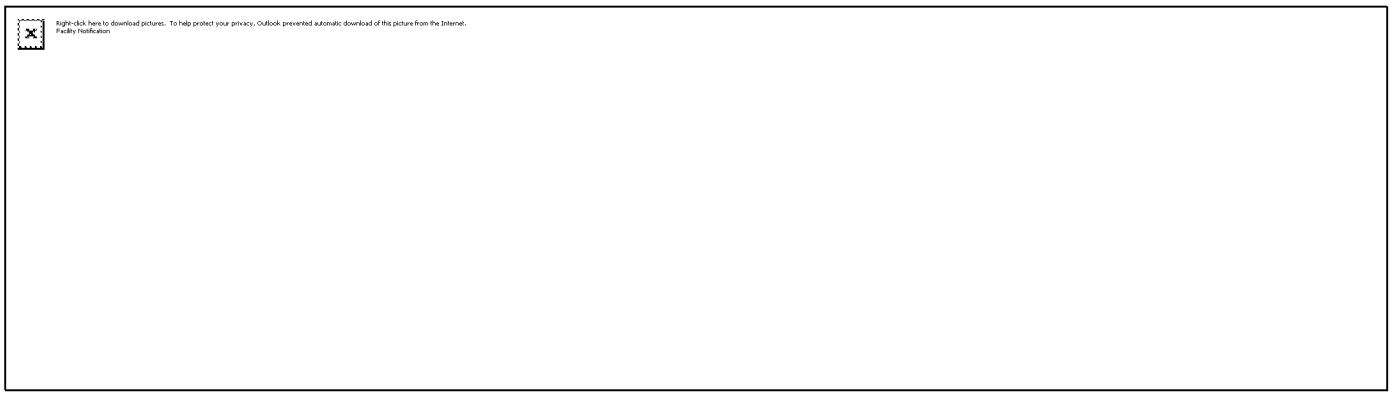
I certify that this water supply has fully complied with the public notification requirements in the Michigan Safe Drinking Water Act, 1976 PA 399, as amended, and the administrative rules. Reminder to water supplier: This notice/certification must be sent to the DEQ.

Signature	Title	Date Distributed
Michael Glasgow	Assistant Supervisor	11/6/15

From: Martin, Ric (DTMB)
Sent: Wednesday, January 07, 2015 10:40 AM
To: Jensen, Bethanie (DTMB);DTMB-CustomerService
Cc: Scates, Larry (DTMB);Walts, Brian (DTMB)
Subject: FN: Flint Water Advisory
Attachments: Flint Water.pdf

Bethanie, please review
CSC – please send to Flint employee with the enclosed attachment

Thanks.



Flint Water Advisory

Date/Time:

Effective Wednesday, January 7, 2015

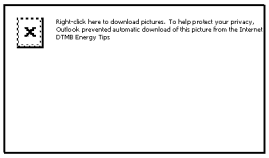
Details:

The City of Flint recently sent out the attached notice regarding violations to the drinking water standards. While the City of Flint states that corrective actions are not necessary, DTMB is in the process of providing a water cooler on each occupied floor, positioned near the water fountain, so you can choose which water to drink. The coolers will today and will be provided as long as the public water does not meet treatment requirements.

Contact:

DTMB Customer Service Center, DTMB-Customerservice@michigan.gov or (844)

DTMB-CSC or (844-386-2272)

	Since we spend about 40 hours a week at our workplaces, isn't the office the best place to try out some new energy-saving tricks? The Energy Information Administration estimates that if commercial and industrial buildings improved their energy efficiency by 10 percent, our economy could see yearly savings of nearly $20 billion.

This email was sent to paaschk@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 (517) 373-1004

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

City of Flint Did Not Meet Treatment Requirements

Our water system was recently found to be in violation of a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Samples were collected for total trihalomethanes (TTHM) analysis from eight locations on a quarterly basis (May 21, August 21, and November 20 of 2014). The average of the results at **ANY** of the eight locations must not exceed the maximum contaminant level (MCL) for TTHMs, otherwise our water system exceeds the Maximum Contaminant Level (MCL). The standard for TTHMs is 80 ug/L. The location reporting the highest TTHM level was 81 ug/L, thus, our water system exceeds the TTHM MCL.

What should I do?

- There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are elderly. In that case, you may be at increased risk and should seek advice about drinking water from your health care provider.
- You do not need to boil your water or take other corrective actions. If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What does this mean?

This is not an emergency. If it had been an emergency, you would have been notified within 24 hours.

People who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

What is being done?

We are currently working on solutions to correct the problem. We anticipate resolving the problem in 2015.

For more information, please contact Mr. Brent Wright or Mike Glasgow at 810-787-6537 or the Water Plant at 4500 North Dort Highway, Flint, MI 48505.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

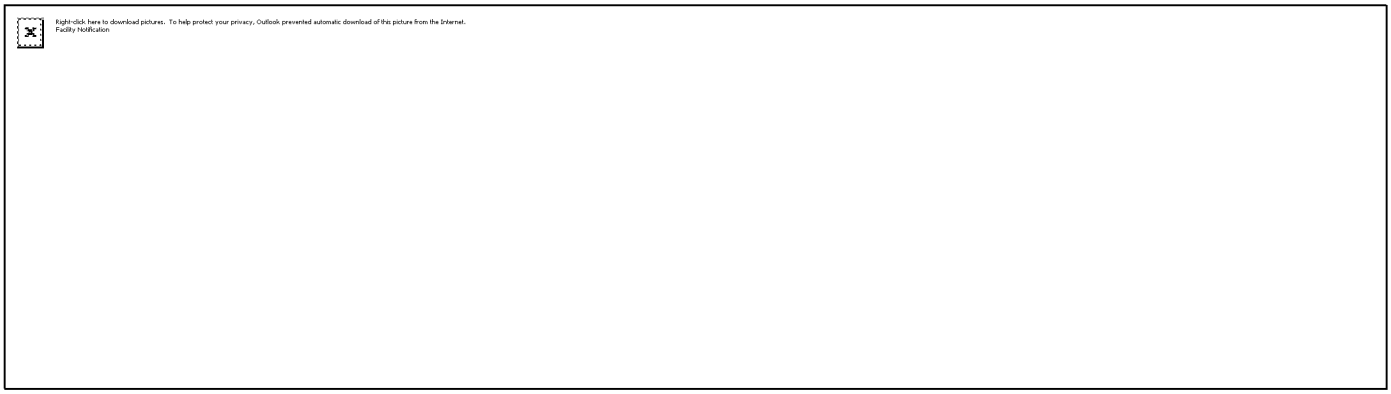
This notice is being sent to you by the City of Flint.

CERTIFICATION: F1 S3 WSSN: 02310

I certify that this water supply has fully complied with the public notification requirements in the Michigan Safe Drinking Water Act, 1976 PA 399, as amended, and the administrative rules. Reminder to water supplier: This notice/certification must be sent to the DEQ.

Signature	Title	Date Distributed
Michael Glasgow	Assistant Supervisor	11/6/15

From: DTMB Facilities <dtmb@govsubscriptions.michigan.gov>
Sent: Wednesday, January 07, 2015 11:49 AM
To: Walts, Brian (DTMB)
Subject: Facility Notification: Flint State Office Building



Flint Water Advisory

Date/Time:

Effective Wednesday, January 7, 2015

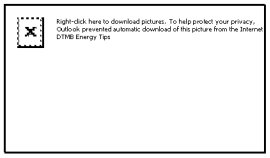
Details:

The City of Flint recently sent out the attached notice regarding violations to the drinking water standards. While the City of Flint states that corrective actions are not necessary, DTMB is in the process of providing a water cooler on each occupied floor, positioned near the water fountain, so you can choose which water to drink. The coolers will arrive today and will be provided as long as the public water does not meet treatment requirements.

- Flint Water.pdf

Contact:

DTMB Customer Service Center, DTMB-Customerservice@michigan.gov or (517) 373-6227

	Since we spend about 40 hours a week at our workplaces, isn't the office the best place to try out some new energy-saving tricks? The Energy Information Administration estimates that if commercial and industrial buildings improved their energy efficiency by 10 percent, our economy could see yearly savings of nearly $20 billion.

This email was sent to waltsb@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · (517) 373-1004

From: Turner, David (DHS)
Sent: Thursday, January 08, 2015 10:28 AM
To: Walts, Brian (DTMB)
Cc: Scates, Larry (DTMB);Mose, Sandi Kay (DHS)
Subject: RE: City of Flint WATER

Thanks Brian – I appreciate the offer. I have cc'd Sandi Mose who is in charge of the Clio and McCree Districts.

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Walts, Brian (DTMB)
Sent: Thursday, January 08, 2015 10:26 AM
To: Turner, David (DHS)
Cc: Scates, Larry (DTMB)
Subject: RE: City of Flint WATER

Dave,

I would like to offer our teams assistance if you need to get a few of the water coolers out to your other districts here in Flint. We have the technical staff and the VTS motor pool at our disposal, so getting a few of those units out to you would not be a problem for us. Of course you would have to set the billing up under your department but our team could get those units out to your other districts within hours. Please let us know if we can help in any way.

Thank you,
Brian Walts
Building Trades Supervisor
DTMB East Zone
517.202.1960

From: Scates, Larry (DTMB)
Sent: Wednesday, January 07, 2015 2:04 PM
To: Walts, Brian (DTMB)
Cc: Turner, David (DHS)
Subject: FW: City of Flint WATER

Hey Brian,

Do you have a name and number for Culligan we can give to Dave Turner?

Larry Scates
Departmental Manager, Secondary Complex/Outstates
DTMB, Facilities and Business Services Administration
Building Operations Division
scatesl@michigan.gov

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 1:39 PM
To: Mose, Sandi Kay (DHS)
Cc: Scates, Larry (DTMB)
Subject: RE: City of Flint WATER

No – You may have to call Absopure and Culligan to get prices on delivering to Clio Rd. and McCree. DTMB arraigned for delivery for the State Office Building Only.

Larry – Do you have contact information on Culligan?

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Mose, Sandi Kay (DHS)
Sent: Wednesday, January 07, 2015 1:25 PM
To: Turner, David (DHS)
Subject: RE: City of Flint WATER

Do you have any information on delivery to Clio Road or McCree?

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 11:08 AM
To: Bos, Troy (DTMB); Scates, Larry (DTMB)
Cc: Spitzley, Troy (DTMB); Paasch, Keith (DTMB); Mose, Sandi Kay (DHS); Rauch, Randy (DHS); Warner, Kurt (DHS)
Subject: RE: City of Flint WATER

Thanks for your help on this! It is my understanding that there will be Culligan water coolers delivered in the next couple of days to the occupied floors at the Flint State Office Building.

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Bos, Troy (DTMB)
Sent: Wednesday, January 07, 2015 10:17 AM
To: Scates, Larry (DTMB)
Cc: Spitzley, Troy (DTMB); Turner, David (DHS); Paasch, Keith (DTMB)
Subject: FW: City of Flint WATER

Forward

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 10:06 AM
To: Bos, Troy (DTMB)
Cc: Warner, Kurt (DHS)
Subject: FW: City of Flint WATER

See attached. Apparently this is a long-term issue that keeps coming up in Flint. I have instructed our leased facilities to get water coolers (Absopure for example) until we feel that this problem has been resolved adequately and we are sure that this isn't a long-term issue.

I am requesting that DTMB provide the same for the Flint State Office Building.

Thanks,

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Mose, Sandi Kay (DHS)
Sent: Wednesday, January 07, 2015 9:08 AM
To: Turner, David (DHS)
Subject: RE: City of Flint WATER

The notices listed on the City of Flint website are attached.
If you do a search on MLive for City of Flint water, you will see articles dating back 5 years. If you want these also, let me know.

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 8:03 AM
To: Mose, Sandi Kay (DHS)
Subject: RE: City of Flint WATER

I agree – just forwarded it from DTMB Real Estate.

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Mose, Sandi Kay (DHS)
Sent: Tuesday, January 06, 2015 4:56 PM
To: Turner, David (DHS); Rauch, Randy (DHS)
Cc: Holloway, Michelle (DHS); Roubal, Lewis (DHS); KnispelC, Cynthia Ann (DHS); Reinke, Nancy Lee (DHS); Fountain, Tracey (DHS)
Subject: RE: City of Flint WATER

David,

Thanks for forwarding this information.

Just a couple of items to point out.

1) The attached notice entitled *Flint Water.pdf* says that the water is not unsafe. It states:

   "What should I do?

- There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are the elderly. In that case, you may be at increased risk and should seek advice about drinking water from your healthcare provider.
- **You do not need to boil your water or take other corrective actions.** If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What does this mean?

This is not an emergency. If it had been an emergency, you would have been notified within 24 hours..."

2) The press release attached indicates that this notice was sent due to test results for a period ending 11/30/14.

Sandi

Sandi Mose
County Director
Genesee County DHS
125 E. Union Street
PO Box 1629
Flint, MI 48501
Office (810) 760-2645
Cell (810) 347-6257
Fax (810) 760-2984

From: Turner, David (DHS)
Sent: Tuesday, January 06, 2015 4:14 PM
To: Mose, Sandi Kay (DHS); Rauch, Randy (DHS)
Cc: Holloway, Michelle (DHS); Roubal, Lewis (DHS)
Subject: FW: City of Flint WATER

FYI

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Bailey, Maureen (DTMB)
Sent: Tuesday, January 06, 2015 3:42 PM
To: Bos, Troy (DTMB); Warner, Kurt (DHS); Turner, David (DHS); Holloway, Michelle (DHS); Moyer, Susan (DHS); Brownell, Suzanne (DCH); Pasch, Kami K. (MDOC); Thomas, David (LARA); Thelen, Ethan (LARA); Spitzley, Troy (DTMB); Davlantes, Alex (MDE); 'modym@michigan.gov'; Fay, Kathleen (MSP); Badgero, William (MDOS); Algren, Keli (DMVA)
Subject: FW: City of Flint WATER

Flint water is unsafe.

From: Martin, Ric (DTMB)
Sent: Thursday, January 08, 2015 12:31 PM
To: Walts, Brian (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Do you know how far behind we are? Specifically?

Ric Martin
Communications and Organizational Specialist
FBSA – Building Operations Division
Dept of Technology, Management & Budget
517-284-7959 office
517-281-0891 cell

From: Walts, Brian (DTMB)
Sent: Thursday, January 08, 2015 12:27 PM
To: Martin, Ric (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Poor planning and managing by the General Contractor causing numerous delays and setbacks would sum it up. We have tried to keep them on track but has been a uphill climb the entire project.

Thanks,
Brian

From: Martin, Ric (DTMB)
Sent: Thursday, January 08, 2015 12:08 PM
To: Walts, Brian (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Thanks, Brian.

In your own words, what would you attribute the delays in the renovation to?

Ric Martin
Communications and Organizational Specialist
FBSA – Building Operations Division
Dept of Technology, Management & Budget
517-284-7959 office
517-281-0891 cell

From: Walts, Brian (DTMB)
Sent: Thursday, January 08, 2015 11:45 AM
To: Martin, Ric (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Ric,

Mr. Behen could discuss the recent Flint potable water issue with DEQ, since they regulate drinking water, just to make sure we did what they would recommend as well as discuss areas of improvements with how we reacted in case it happens in the future. I am nervous with DHS here in Flint due to the lack of progress with the renovation and how it has inconvenience the tenants but on a positive note he could mention how we did go above what was expected by supplying drinking water to the facility after the recent City of Flint water notification. Maybe it best not to bring up either whatever you think is best just thought I would share.

Thanks,
Brian

From: Martin, Ric (DTMB)
Sent: Wednesday, January 07, 2015 10:12 AM
To: Bierwagen, Bob (DTMB); Brennan, Kirk (DTMB); Broderick, Frank (DTMB); Chadwick, Patrick (DTMB); Church, Douglas (DTMB); Cooper, Zachary (DTMB); Davis, Glenn (DTMB); Davis, Scott (DTMB); Doty, Steven (DTMB); Droste, Kerri (DTMB); Droste, Neal (DTMB); Franklin, Larry (DTMB); Goodrich, Sarah (DTMB); Harlan, Philip (DTMB); Holsinger, Michael (DTMB); Jensen, Bethanie (DTMB); Johnson, Benjamin (DTMB); Keeder, Gerald (DTMB); Kimball, Arthur (DTMB); Klotz, Clinton (DTMB); Martin, Ric (DTMB); Mayes, Holly (DTMB); Noonan, Michael (DTMB); Paasch, Keith (DTMB); Pattison, Brandon (DTMB); Peake, Kyle (DTMB); Perry, Todd (DTMB); Rankin, Chris (DTMB); Robinson, Harle (DTMB); Ross, Rodney (DTMB); Ruff, Robert (DTMB); Scates, Larry (DTMB); Sullivan, Rick (DTMB); Uphaus, Jamie (DTMB); Vettese, Elio (DTMB); Walts, Brian (DTMB)
Cc: Droste, Kerri (DTMB)
Subject: Due 1/8 at noon: DEQ or DHS APM Info

Good morning,

If you have any items regarding DEQ or DHS that Phil Jeffery and David Behen should be briefed for their upcoming meeting, please send it to me by noon, tomorrow – Thursday, January 8.

Thanks.

Ric

From: Wright, Edward (DTMB)
Sent: Wednesday, February 11, 2015 10:32 AM
To: Walts, Brian (DTMB)
Subject: Re: I hate to bother you .....

As soon as the closure guy leaves I'll do it.

Eddie Wright
Building operations
East Zone - Flint
810-614-0043

On Feb 11, 2015, at 10:26 AM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:

> Can you help out??
>
> Brian Walts
> Department of Technology, Management, and Budget
> East zone - Crew Leader
> Cell: (517) 202-1960
>
> Begin forwarded message:
>
> > **From:** "Noonan, Michael (DTMB)" <noonanm@michigan.gov>
> > **Date:** February 11, 2015 at 10:17:09 AM EST
> > **To:** "Walts, Brian (DTMB)" <WaltsB@michigan.gov>, "Relerford, Dennis (DTMB)" <RelerfordD@michigan.gov>
> > **Subject: Fwd: I hate to bother you .....**
> >
> > FYI
> >
> > Michael Noonan
> >
> > Facility Supervisor
> >
> > East Zone 517-373-6227
> >
> > Begin forwarded message:
> >
> > > **From:** "Shuk, Gary (DHS)" <ShukG@michigan.gov>
> > > **Date:** February 11, 2015 at 10:15:39 AM EST
> > > **To:** "Noonan, Michael (DTMB)" <noonanm@michigan.gov>
> > > **Subject: I hate to bother you .....**
> > >
> > > Are there any more Culligan water bottles in the Flint SOB? The dispenser on the 7th floor has been empty for 2 days and the natives are beginning to get restless.

Thanks!!

Gary, OIG

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

City of Flint Did Not Meet Treatment Requirements

Our water system was recently found to be in violation of a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Samples were collected for total trihalomethanes (TTHM) analysis from eight locations on a quarterly basis (May 21, August 21, and November 20 of 2014). The average of the results at ANY of the eight locations must not exceed the maximum contaminant level (MCL) for TTHMs, otherwise our water system exceeds the Maximum Contaminant Level (MCL). The standard for TTHMs is 80 ug/L. The location with the highest TTHM level was 91 ug/L. Thus, our water system exceeds the TTHM MCL.

What should I do?

- There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are elderly. In that case, you may be at increased risk and should seek advice about drinking water from your health care provider.
- You do not need to boil your water or take other corrective actions. If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What does this mean?

This is not an emergency. If it had been an emergency, you would have been notified within 24 hours.

People who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

What is being done?

We are currently working on solutions to correct the problem. We anticipate resolving the problem in 2015.

For more information, please contact Mr. Brent Wright or Mike Glasgow at 810-787-6537 or the Water Plant at 4500 North Dort Highway, Flint, MI 48505.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by the City of Flint.

CERTIFICATION: F1 S3 WSSN: 02310

I certify that this water supply has fully complied with the public notification requirements in the Michigan Safe Drinking Water Act, 1976 PA 399, as amended, and the administrative rules. Reminder to water supplier: This notice/certification must be sent to the DEQ.

Michael T. Glasgow — Signature

ASSISTANT SUPERVISOR — Title

1/2/15 — Date Distributed

From: DEBBIE SMITH <debbie.smith@culliganflint.com>
Sent: Wednesday, May 06, 2015 8:51 AM
To: Walts, Brian (DTMB)
Subject: INVOICE FOR WATER DELIVERY

Brian,

Here is the invoice for water delivered
on May 5, 2015

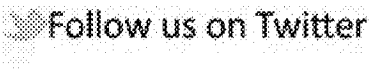
Thanks,
Debbie
Culligan of Flint

From: Smith, Vickie (DHS)
Sent: Wednesday, May 06, 2015 11:53 AM
To: Wright, Edward (DTMB);Walts, Brian (DTMB)
Subject: Water Dispensers

Are cups supposed to be supplied? Not sure…anyway the third floor doesn't have any. Our lobby kid customers are literally drinking from the tap. Let me know.

Thank you,

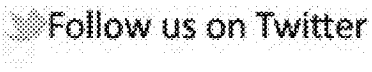
Vickie A. Smith
Child Welfare District Secretary
On-Site Human Resource Contact
Department of Health & Human Services
Genesee County - Flint, Michigan
(810) 760-2638 - direct
(810) 760-2050 - fax



From: Smith, Vickie (DHS)
Sent: Wednesday, May 06, 2015 12:18 PM
To: Walts, Brian (DTMB)
Subject: RE: Water Dispensers

Ok thanks

Vickie A. Smith
Child Welfare District Secretary
On-Site Human Resource Contact
Department of Health & Human Services
Genesee County - Flint, Michigan
(810) 760-2638 - direct
(810) 760-2050 - fax



From: Walts, Brian (DTMB)
Sent: Wednesday, May 06, 2015 12:16 PM
To: Smith, Vickie (DHS)
Subject: RE: Water Dispensers

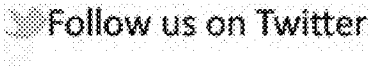
I will get Dennis on it. Thanks

From: Smith, Vickie (DHS)
Sent: Wednesday, May 06, 2015 11:59 AM
To: Wright, Edward (DTMB); Walts, Brian (DTMB)
Subject: RE: Water Dispensers

Also, the container by women's restroom is empty.

Thank you,

Vickie A. Smith
Child Welfare District Secretary
On-Site Human Resource Contact
Department of Health & Human Services
Genesee County - Flint, Michigan
(810) 760-2638 - direct
(810) 760-2050 - fax



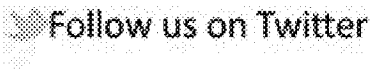
From: Smith, Vickie (DHS)
Sent: Wednesday, May 06, 2015 11:53 AM

To: Wright, Edward (DTMB); Walts, Brian (DTMB)
Subject: Water Dispensers

Are cups supposed to be supplied? Not sure…anyway the third floor doesn't have any. Our lobby kid customers are literally drinking from the tap. Let me know.

Thank you,

Vickie A. Smith
Child Welfare District Secretary
On-Site Human Resource Contact
Department of Health & Human Services
Genesee County - Flint, Michigan
(810) 760-2638 - direct
(810) 760-2050 - fax



From: Smith, Vickie (DHS)
Sent: Wednesday, May 06, 2015 12:21 PM
To: Walts, Brian (DTMB)
Subject: RE: Water Dispensers

Ok…too bad. Well I'll get with management to see what we can do about this. ☺ Thanks again!

Vickie A. Smith
Child Welfare District Secretary
On-Site Human Resource Contact
Department of Health & Human Services
Genesee County - Flint, Michigan
(810) 760-2638 - direct
(810) 760-2050 - fax

Follow us on Twitter

From: Walts, Brian (DTMB)
Sent: Wednesday, May 06, 2015 12:15 PM
To: Smith, Vickie (DHS)
Subject: RE: Water Dispensers

No we didn't supply them at this point. Because the city water had an issue but was still drinkable the bottled water was a curtesy idea for our building tenets and staff until the city addressed their issues. I don't believe the bottled water will be a permanent item to the facility.

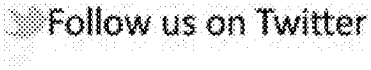
Thank you,
Brian

From: Smith, Vickie (DHS)
Sent: Wednesday, May 06, 2015 11:53 AM
To: Wright, Edward (DTMB); Walts, Brian (DTMB)
Subject: Water Dispensers

Are cups supposed to be supplied? Not sure…anyway the third floor doesn't have any. Our lobby kid customers are literally drinking from the tap. Let me know.

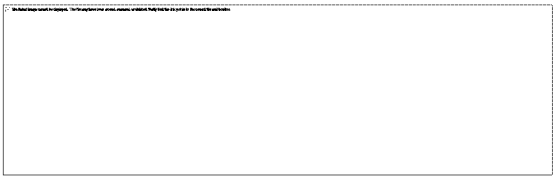
Thank you,

Vickie A. Smith
Child Welfare District Secretary
On-Site Human Resource Contact
Department of Health & Human Services
Genesee County - Flint, Michigan
(810) 760-2638 - direct
(810) 760-2050 - fax


Follow us on Twitter

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 5/15/2015 7:22:35 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 14471700 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

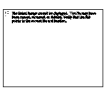
Delivery Service Confirmation
[redacted]
125 E Union St
Flint, MI 48505

Date of Service: 05/15/2015
Reference Number: 58329
Purchase Order Number:
Your Service Person: Robert D.

Item	Qty	Price	Amount
710-5 GALLON DRINKING WATER DELIVERED	23	$5.50	$126.50
770-BOTTLE DEPOSIT	23	$7.00	$161.00
771-BOTTLE RETURN	-23	$7.00	-$161.00
		Subtotal	$126.50
		Tax	$0.00
		Total	$126.50

Your next date of service is: 06/12/2015

Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:

. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically

. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

From: Wright, Edward (DTMB)
Sent: Wednesday, June 03, 2015 8:51 AM
To: Prusa, Melynda (DHS)
Cc: VanHest, Elizabeth (DHS);Walts, Brian (DTMB);Relerford, Dennis (DTMB)
Subject: Re: Cups/Water

We will get someone right on it.

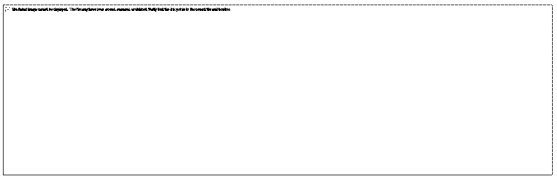
Eddie Wright
Building operations
East Zone - Flint
810-614-0043

On Jun 3, 2015, at 8:49 AM, Prusa, Melynda (DHS) <PrusaM@michigan.gov> wrote:

> Good Morning Eddie!
> Is this something you could help with ?
>
> Mindy
>
> ---
>
> **From:** VanHest, Elizabeth (DHS)
> **Sent:** Tuesday, June 02, 2015 11:40 AM
> **To:** Prusa, Melynda (DHS)
> **Subject:** Cups/Water
>
> Hi Mindy,
>
> There are no cups and no water up on 7 for the visitations. I don't know who the person is to ask for them. Do you know?
>
> Thank you,
>
> Elizabeth VanHest, LLMSW
> Foster Care Specialist
> Genesee County MDHHS
> 125 E. Union St.
> Flint, MI 48502
> Phone: 810-874-8890
> Fax: 810-760-2882
>
> Confidentiality Notice: This message, including any attachment, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution of this communication(s) is expressly prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy any and all copies of the original message.

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 6/12/2015 9:37:32 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For [redacted]State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

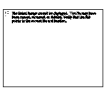
Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48505

Date of Service: 06/12/2015
Reference Number: [redacted]
Purchase Order Number:
Your Service Person: Robert D.

Item	Qty	Price	Amount
710-5 GALLON DRINKING WATER DELIVERED	40	$5.50	$220.00
770-BOTTLE DEPOSIT	40	$7.00	$280.00
771-BOTTLE RETURN	-40	$7.00	-$280.00
		Subtotal	$220.00
		Tax	$0.00
		Total	$220.00

Your next date of service is: 07/10/2015

Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:

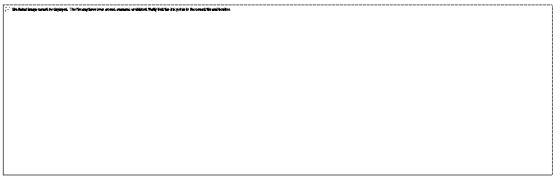
. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically

. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 6/19/2015 8:00:30 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 14471700 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48505

Date of Service: 06/19/2015
Reference Number: [redacted]
Purchase Order Number:
Your Service Person: Robert D.

Item	Qty	Price	Amount
815-SOLAR 40LB CASS	63	$8.75	$551.25
		Subtotal	$551.25
		Tax	$33.08
		Total	$584.33

Your next date of service is: 07/10/2015
Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



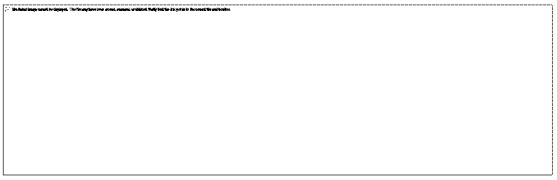
Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:

. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically
. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 7/10/2015 5:48:03 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 14471700 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48505

Date of Service: 07/10/2015
Reference Number [redacted]
Purchase Order Number:
Your Service Person: Robert D.

Item	Qty	Price	Amount
710-5 GALLON DRINKING WATER DELIVERED	10	$5.50	$55.00
770-BOTTLE DEPOSIT	10	$7.00	$70.00
771-BOTTLE RETURN	-10	$7.00	-$70.00
		Subtotal	$55.00
		Tax	$0.00
		Total	$55.00

Your next date of service is: 08/07/2015

Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:

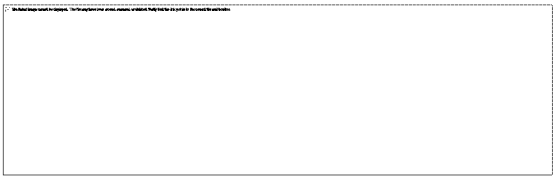
. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically

. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 8/7/2015 5:11:52 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 14471700 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48505

Date of Service: 08/07/2015
Reference Number: [redacted]
Purchase Order Number:
Your Service Person: Robert D.

Item	Qty	Price	Amount
710-5 GALLON DRINKING WATER DELIVERED	0	$0.00	$0.00
PRODUCT ON HAND			
770-BOTTLE DEPOSIT	0	$0.00	$0.00
PRODUCT ON HAND			
771-BOTTLE RETURN	0	$0.00	$0.00
		Subtotal	$0.00
		Tax	$0.00
		Total	$0.00

Your next date of service is: 09/05/2015

Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:
. Receive your statement by email

. View your statement online at any time
. Pay your bills automatically
. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

From: DTMB-Access Card Help Desk
Sent: Friday, August 21, 2015 7:26 AM
To: Walts, Brian (DTMB)
Subject: FW: Access Request
Attachments: Garden Access.pdf

FYI
Hi Brian I have given a DHHS employee flint dock as requested on form

---

From: Wilson, Brian (DHS)
Sent: Wednesday, August 19, 2015 1:38 PM
To: DTMB-Access Card Help Desk
Subject: Access Request

Due to the merger of DCH and DHS, we will need to add access to certain DTMB managed facilities to accommodate MDHHS staff by our trades crew employees. Please confirm when the request is processed.

Thank you.

Brian Wilson
Department of Health & Human Services
Emergency Management & Security
235 S. Grand Ave. Suite:1211
Lansing, MI 48933
(P)517-241-9083
(C)517-242-9413

DTMB-0624 (Rev. 12/11)
Michigan Department of Management and Budget

Security Card Request and Record

Security Office Use Only	
Name of Person Issuing card(print)	Card Number
Card Status ☐ Defective ☐ Damaged ☐ Lost/Stolen ☐ Return Card	
Background Check ☐ Yes ☐ No	Name of Person Conducting Background Check(print)

Security Card Information

Card Type/Action

☐ Identification Card ☐ Access Card ☑ Change Access Card ☐ Delete All Access Level

Employee Identification Information (may be used to complete a background check)

Department **Health & Human Services**	Division **Occupancy & Lease Mangement**	Primary Work Site**Grand Tower Building**
Employee Legal Name **Brian Garden**	Date of Birth [redacted] Work Phone Number **517-899-4034**	
Email Address: **GardenB@michigan.gov**	Employee Id [redacted] Gender [redacted]	

Facility Access Request (new or modified access card only)

Action Requested ☑ Add Access Level ☐ Delete Access Level

Access Level Requested

Access Code #1 **FLTDock(Mon-Fri 6:00AM - 6:00PM No Holidays)**	Access Code #2 **SAGAll(Mon-Fri 6:00AM - 6:00PM No Holidays)**	Access Code #3 **CASDCH(Mon-Fri 6:00AM - 6:00PM No Holidays)**
Access Code #4 **Cass Dock(Mon-Fri 6:00AM - 6:00PM No Holidays)**	Access Code #5 **CASENT(Mon-Fri 6:00AM - 6:00PM No Holidays)**	Access Code #6
Access Code #7	Access Code #8	

Rules and Conditions for Card Holders

This card is the property of the State of Michigan and must be visibly displayed at all times. Use of this card by any individual other than the person to whom it is assigned is prohibited and may lead to disciplinary action. Card must be returned to your Personnel Office upon separation from state employment. Report the loss, theft or damage of this card immediately to DTMB Access Control at DTMB-Access Card Help Desk@michigan.gov. A fee up to $25.00 will be assessed for replacement of a lost or damaged card. If you find a lost card, it may be deposited directly into any U.S. Mailbox.

I acknowledge receipt of the card/access code(s) indicated on this from, have read and understand the above rules regarding card use and agree to abide by these rules.

Employee Acceptance of Rules and Conditions (sign and date)

Signature/Date

Department Approvals (authorizing signatures and dates)

Supervisor Signature/Date Supervisor - Print Name

Authorized Department Representative Signature/Date Authorized Department Representative - Print Name

8-19-15

High Security Access Authority Approval (CIP Use Only)

Authorized DTMB Department Representative Signature/Date * High Security Access Authority Approval Signature/Date(additional if needed)

* High Security Access Authority Approval Signature/Date * High Security Access Authority Approval Signature/Date(additional if needed)

* High Security Access areas include server rooms, vital records, etc.

	A	B
1		Updated 06/16/2014
2	**Flint State Office Building**	
3	**Individual Facility Assessment**	
4		
5	*Facility function:* *Office Building*	
6	*Year built or date of occupancy:* *1982*	
7	*Facility size:* *152,895 sf*	
8	*Estimated replacement value:* *$23,468,763*	
9		
10	Amount of Land and Assessment:	
11	•	Land capacity needs and surplus potential being addressed on an ongoing basis by DMB's Real Estate Division.
12		
13	Building Utilization Rate:	
14	•	Rentable Square Footage: 106,564 sf, 100% occupancy (FY15 BOA Report)
15		
16	Physical Assessment (architectural, structural, civic/site, etc.):	
17	•	Building completely renovated 2014-2015
18	•	Windows replacement completed 2014. (071/12253.JAN)
19	•	Fall protection installed 2010
20	•	Building passenger elevators replaced 2009, (cars, drives and controls)
21	•	Diesel generator replacement with natural gas generator and removal of underground diesel tank completed in 2008.
22	•	Parking ramp retaining wall repaired 2006
23	•	New roof installed in 2000
24		
25	Utilities Systems Assessment:	
26	Mechanical:	
27	•	Plumbing and mechanical systems are in good condition.
28		Chiller, cooling tower condensor pumps, strainers and controls replaced 2012
29	Electrical:	
30	•	Overall, electrical system is in good condition
31	•	Additional branch circuit panelboards are needed to increase spare braker capacity for future growth
32		Lighting in stairwells and mechanical rooms has not been updated
33	Building Controls:	
34		
35	•	The chiller system and air handling unit controls upgraded 2007/2008
36	•	Fire alarms system is a Honeywell XLS1000 Life Safety System which meets current State standard. Fire sys upgrade in process 2015-16
37	•	Card reader system upgrade complete 2006
38	•	Fire damper control upgraded funded 2012 (071/12231.RMP)

	A	B
39		JCI System being integrated to Tridium 2015-16
40	Adequacy of Utilities and Infrastructure Systems to Current and 5-year Needs:	
41	•	Newly renovated building will meet 5-year needs.
42		
43	ADA Compliance and Assessment:	
44	•	Newly renovated building will meet current ADA standards.
45	•	Barrier free ramps along East Union Street do not meet current ADA standards
46		Parking ramp elevators do not meet current ADA standards, are past design life and are unreliable. (SOM 2/3; UM-F 1/3)

	A	B
1		Updated 06/16/2014
2	**Saginaw State Office Building**	
3	**Individual Facility Assessment**	
4		
5	*Facility function:* *Office Building*	
6	*Year built or date of occupancy:* *1982*	
7	*Facility size:* *169,056 sf*	
8	*Estimated replacement value:* *$21,912,678*	
9		
10	Amount of Land and Assessment:	
11	•	Land capacity needs and surplus potential being addressed on an ongoing basis by DMB's Real Estate Division.
12		
13	Building Utilization Rate:	
14	•	Rentable Square Footage: 110,392; 93% occupancy (FY15 BOA Report)
15		
16	Physical Assessment (architectural, structural, civic/site, etc.):	
17	•	Retaining wall on outside of building replaced 2006
18	•	Exterior retuckpointed in 2007
19	•	Damaged sidewalk around the building's perimeter replaced 2005
20	•	Roof replaced in 2000/2001
21	•	Complete interior renovations including HVAC, lighting, electrical completed 2000/2001.
22	•	Parking lot needs resealing and restriping; cracks have developed and striping is 60% faded
23	•	Carpet in high traffic areas is showing severe signs of wear; cleaning is becoming ineffective
24	•	Fall protection installed 2010
25		
26	Utilities Systems Assessment:	
27	Mechanical:	
28	•	RAC fog system was removed and new controls were installed and tied to Niagra system. An ice storage system was installed for energy efficiency and to allow chiller #2 to function properly - 2009
29		
30	•	Lighting was upgraded in 2000/01
31	•	Cooling tower replaced in 2008
32	•	Passenger and freight elevators upgraded 2010
33		
34	Electrical:	
35	•	Electrical system is in good condition
36	•	A new 150 kW emergency generator was installed in 2000
37	•	New energy efficient light fixtures were installed during the renovations in 2000/2001
38		
39	Building Controls:	

	A	B
40	•	The building has a card access system that meets current State standards
41	•	Building major mechanical equipment, controls and accessories were upgraded and tied into local JACEs.
42	•	The fire alarm system was upgraded to a Honeywell XLS1000 Life Safety System which meets current State standards 2000/2001
43		
44	Adequacy of Utilities and Infrastructure Systems to Current and 5-year Needs:	
45	•	Building should be adequate for the next 5 years
46		
47	ADA Compliance and Assessment:	
48	•	All ADA compliance issues were addressed in 2000/2001 renovation including elevators

	A	B
1		Updated 06/16/2014
2	**Jackson State Office Building**	
3	**Individual Facility Assessment**	
4		
5	*Facility function:* *Office Building*	
6	*Year built or date of occupancy:* *1982*	
7	*Facility size:* *113,956 sf*	
8	*Estimated replacement value:* *$16,817,372*	
9		
10	Amount of Land and Assessment:	
11	•	Land capacity needs and surplus potential being addressed on an ongoing basis by DMB's Real Estate Division.
12		
13	Building Utilization Rate:	
14	•	Rentable Square Footage: 73,019; 93% occupancy (FY15 BOA Report)
15		
16	Physical Assessment (architectural, structural, civic/site, etc.):	
17	•	Building systems are outdated and inefficient. All life safety systems need to be upgraded. A detailed list of items has been developed by DCD & BOD.
18	•	Masonry monsaard parapet at west elevation was cleaned, re-tucked, caulked and re-sealed (waterproofed) in 2002; south elevation in Fall 2004
19	•	Roof replaced 2000
20	•	Furniture/carpet upgrades 2nd and 3rd floors 1998/1999; 4th floor 2003
21	•	Concrete and storm sewer repairs funded in 2006
22	•	Cracked, damaged concrete & grates at storm sewer catch basin in loading dock complete in 2008.
23	•	Penthouse tuckpointed in 2012.
24	•	3 parking lots resurfaced in 2012 and 3 in 2013 (071/12219.RMP)
25	•	Carpet replacement on 2nd and 3rd floors funded 2012 (071/12284.AGY)
26		
27	Utilities Systems Assessment:	
28	Mechanical:	
29	•	Elevators replaced in 2010.
30	•	Chilled water and condensor pumps in the mechanical room are not easily accessible.
31	•	Boiler pumps should be replaced.
32	•	Existing AHU's are outdated and should be replaced.
33	•	Fire pump and Jockey pump should be replaced.
34		
35	Electrical:	
36	•	Floors 1, 4, penthouse and support areas should be upgraded to energy efficient T8 lamps and electronic ballasts or LED
37	•	Switchgear cleaned - Spring 2004
38		

	A	B
39	Building Controls:	
40	•	Controls obsolete and beyond service life
41	•	Fire alarm system's main panel was upgraded to XLS1000 and meets current State standards
42	•	Stand-alone keypads are in place for access to limited areas; panic buttons report to the security desk
43		
44	Adequacy of Utilities and Infrastructure Systems to Current and 5-year Needs:	
45	•	A study of water penetration through the building envelope should be completed within the next 5 years. Decision made in 2004 to finish monsaard parapet refurbish/re-waterproof. Water penetration from penthouse has halted. Water still penetrates building from brick parapet area.
46	•	A line item request was submitted in FY15 for complete interior and exterior renovations.
47		
48	ADA Compliance and Assessment:	
49	•	Restrooms do not meet current ADA standards

From: Fountain, Tracey (DHHS)
Sent: Wednesday, October 07, 2015 2:16 PM
To: Walts, Brian (DTMB)
Subject: RE: Water Filers

☺

From: Walts, Brian (DTMB)
Sent: Wednesday, October 07, 2015 2:08 PM
To: Fountain, Tracey (DHHS)
Subject: RE: Water Filers

Oh no keep the pace!! We will always be ahead going fast!! LOL. We got it!

From: Fountain, Tracey (DHHS)
Sent: Wednesday, October 07, 2015 2:02 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>
Subject: RE: Water Filers

I think my e-mail should have said "faucets!" ☺ But, I know you knew what I meant! I need to slow down just a bit.

From: Walts, Brian (DTMB)
Sent: Wednesday, October 07, 2015 1:41 PM
To: Fountain, Tracey (DHHS); Noonan, Michael (DTMB)
Subject: RE: Water Filers

Yes Tracy we are interested, not committed yet but interested. I will be in Flint tomorrow and will have the time to research a little more on the filter types. Thank you for thinking of us☺

Brian

From: Fountain, Tracey (DHHS)
Sent: Wednesday, October 07, 2015 11:27 AM
To: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Water Filers

Greetings!
I have requested water filters for our facets in the breakrooms if you would like to install them? Please let me know if you have an interest.

Tracey L. Fountain, MPA
District Manager
Genesee County-Union St. District Office
Department of Health and Human Services
(810) 760-7387 (telephone)
(810) 760-7372 (fax)

"Your level of performance is a choice. You can settle for mediocrity, or you can strive for excellence. But know this: You can't make adequacy your goal and reach your full potential."-John Maxwell

Follow us on Twitter

From: Wright, Edward (DTMB)
Sent: Monday, October 12, 2015 1:13 PM
To: Walts, Brian (DTMB)
Subject: Re: How do we get more water in the water dispensers?

Why is there two coolers on 6?

Eddie Wright
Building operations
East Zone - Flint
810-614-0043

On Oct 12, 2015, at 1:11 PM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:

> To you
>
> Brian Walts
> Department of Technology, Management, and Budget
> East zone - Crew Leader
> Cell: (517) 202-1960
>
> Begin forwarded message:
>
> > The water coolers on 6th floor are empty.
> >
> > **From:** Underwood, Tracey M. (DHHS)
> > **Sent:** Monday, October 12, 2015 12:44 PM
> > **To:** Brewer, Marlene M. (DHHS)
> > **Subject:** How do we get more water in the water dispensers?
> >
> > Both of the ones on 6 were empty when I went to get water about 10 mins ago. Thanks.
> >
> > Tracey Underwood
> > Eligibility Specialist
> > Department of Health and Human Services
> > Genesee County
> > 125 E. Union St.
> > Flint, MI 48501
> > Ph: (810) 760-2400
> > Fx: (517) 346-9888
> >
> > Follow us on Twitter
> >
> > <image002.jpg>

From: Melanie Poisson <mpoisson@cityofflint.com>
Sent: Tuesday, October 13, 2015 5:06 PM
To: Walts, Brian (DTMB)
Subject: Re: sampling
Attachments: Flint State Office Building - 10-06-15.doc

Sincerely,
Melanie Poisson, Clerk
City of Flint, Water Plant
4500 N. Dort Hwy.
Flint, MI 48503
810-787-6537 ext. 3501
mpoisson@cityofflint.com

On Tue, Oct 13, 2015 at 1:00 PM, Melanie Poisson <mpoisson@cityofflint.com> wrote:
I will ask for it and get it to you ASAP.

Sincerely,
Melanie Poisson, Clerk
City of Flint, Water Plant
4500 N. Dort Hwy.
Flint, MI 48503
810-787-6537 ext. 3501
mpoisson@cityofflint.com

On Tue, Oct 13, 2015 at 12:50 PM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:

Yes I did submit and labeled those smaller bottles as well on the same day. The main concern was the lead and copper at this point so I appreciate you checking those results and if you can find the other information sending it along would be great. Thank you for all your help and guidance.

Brian Walts

From: Melanie Poisson [mailto:mpoisson@cityofflint.com]
Sent: Tuesday, October 13, 2015 12:43 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: sampling

I just spoke to the DEQ and they stated that at both locations there was no copper detected.

#1 location had .001 for lead and #4 had .004 for lead. In order to be a concern it would have to be .015 or above so both are well within acceptible levels.

As far as bacterial or chlorine residual, those samples are submitted differently as they are done in house. Did you submit those as well? They would have been in a much smaller sample bottle. If not, I can connect you with the lab and we may have to have the tech come out.

Sincerely,

Melanie Poisson, Clerk

City of Flint, Water Plant

4500 N. Dort Hwy.

Flint, MI 48503

810-787-6537 ext. 3501

mpoisson@cityofflint.com

On Tue, Oct 13, 2015 at 12:18 PM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:

> Hi Melanie,
>
> Any news back on the water samples I dropped off on 9/25/15 for the State Office Building at 125 E. Union St? I dropped off a few samples and was looking for lead results for sure (shocker right) and possible chlorine residual and bacteria results as well. Any news would be appreciated I know you guys are extremely busy.
>
> Thank you,

Brian Walts

From: Melanie Poisson [mailto:mpoisson@cityofflint.com]
Sent: Thursday, September 24, 2015 3:45 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: sampling

It was nice talking to you this afternoon. I forwarded your request and contact information to Mike Glasgow, Utilities Administrator and former Lab Supervisor.

I also had a brief conversation with the Lab Assistant, Chris Beatenhead who suggested that you pick up the sample bottle at your earliest convenience if you need to expedite the process.

Sincerely,

Melanie Poisson, Clerk

City of Flint, Water Plant

4500 N. Dort Hwy.

Flint, MI 48503

810-787-6537 ext. 3501

mpoisson@cityofflint.com

DEPARTMENT OF UTILITIES
Water Plant & Facilities

Dayne Walling
Mayor

Brent Wright
Supervisor

Flint State Office
ATTN: Brian Walts
125 East Union St.
Flint, MI. 48502

October 06, 2015

Bacteriological Testing Results

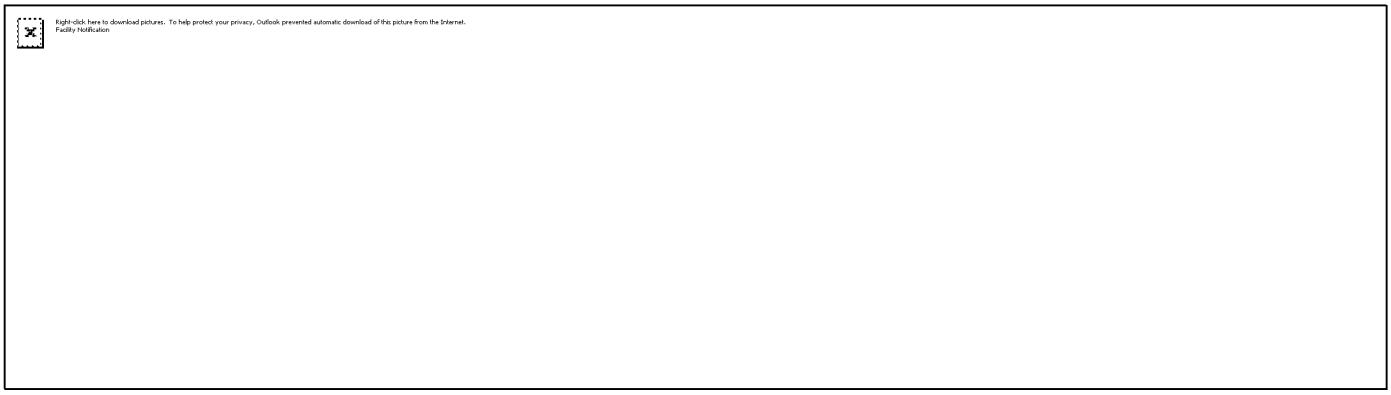
Sample ID	Sample Date	Time	Test Date	Total Coliforms	Fecal Coliforms
Flint State Office Building #1	9/25/15	1430	9/26/15	ABSENT*	ABSENT*
Flint State Office	9/25/15	1430	9/26/15	ABSENT*	ABSENT*

* Standard Methods 9223 B. Enzyme Substrate Test, Presence-Absence.

Thank You,

Chris Beatenhead
City of Flint Water Plant WSSN: 2310
Laboratory & Water Quality Supervisor
(810) 787-6537 ext. 3505
cbeatenhead@cityofflint.com

From: DTMB Facilities <dtmb@govsubscriptions.michigan.gov>
Sent: Thursday, October 15, 2015 4:37 PM
To: Walts, Brian (DTMB)
Subject: Facility Notification: Flint State Office Building



Flint Water Quality

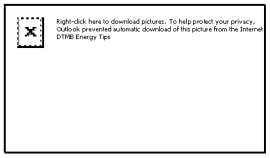
Details:

DTMB commissioned testing of the water in the Flint State Office Building and the results show our water poses no health threats. Although the water is safe to drink, we will continue to provide water coolers in common areas on floors 1-6 of the Flint State Office Building until we are connected to the Detroit water system.

If you have any questions, please contact the Flint Building Trades Supervisor, Brian Walts, at WaltsB@michigan.gov or 810-760-2044.

Contact:

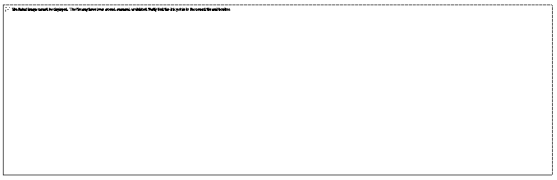
DTMB Customer Service Center, DTMB-Customerservice@michigan.gov or 517-373-6227

	According to the Clean Air Council, the average American throws away enough paper each year to build a 12-foot wall from Los Angeles to New York City. Consider going paperless by saving documents and manuals on a common server instead of handing them out in hard-copy form. If you must print a multi-page document, be sure to use the double-sided printing feature.

This email was sent to waltsb@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · 517-373-1004

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 10/30/2015 7:06:22 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 14471700 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48505

Date of Service: 10/30/2015
Reference Number: [redacted]
Purchase Order Number:
Your Service Person: Robert D.

710-5 GALLON DRINKING WATER DELIVERED	33	$5.50	$181.50
770-BOTTLE DEPOSIT	33	$7.00	$231.00
771-BOTTLE RETURN	-33	$7.00	-$231.00
		Subtotal	$181.50
		Tax	$0.00
		Total	$181.50

Your next date of service is: 11/28/2015
Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:

. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically
. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

From: Sensabaugh, Dick (DTMB)
Sent: Friday, November 20, 2015 9:49 AM
To: Walts, Brian (DTMB);Kimball, Arthur (DTMB)
Cc: Confer, Herb (DTMB);Damico, Michael (DTMB)
Subject: RE: 1st floor fire panel trouble

Herb and Mike Damico (new mechanic) are planning on Monday Nov 23 to look at the system.

From: Walts, Brian (DTMB)
Sent: Friday, November 20, 2015 5:52 AM
To: Sensabaugh, Dick (DTMB)
Subject: Re: 1st floor fire panel trouble

Good morning Dick,

Please don't forget to talk with Butch on what is possible for staff to route to Flint and direct us on the water in the fire protection lines in the Flint ramp. Thanks have a great weekend!!

Brian
Sent from my iPhone

On Oct 30, 2015, at 11:09 AM, Sensabaugh, Dick (DTMB) <sensabaughd1@michigan.gov> wrote:

> Thanks for taking care of this so soon !!!
>
> ---
>
> **From:** Dave Carsley [mailto:davecarsley@bandbconstructionservices.com]
> **Sent:** Friday, October 30, 2015 11:07 AM
> **To:** Walts, Brian (DTMB); Wright, Edward (DTMB); Noonan, Michael (DTMB)
> **Cc:** Lach, Adam (DTMB); Miller, Jan (DTMB); Parker, Daniel (DTMB); Sensabaugh, Dick (DTMB); Confer, Herb (DTMB)
> **Subject:** FW: 1st floor fire panel trouble
>
> Brian,
>
> We believe we've rectified the issue, which was as Dick suspected. That is, they'd nicked a wire yesterday (or day before) when they were fixing the 1st Floor Bathroom Thermostats.
>
> We apologize for the trouble.
>
> We do not expect it to, but should this alarm happen again, let us know and we'll investigate further.
>
> Let me know if you have any questions.
>
> -Thank you
> Dave Carsley
> Site Manager
> <image001.jpg>

20816 Eleven Mile Rd
Suite 202
St. Clair Shores, MI 48081
O- 586-552-5472
F- 586-445-3701
C- 586-601-5354

This email is confidential and for the intended recipient only. If you have received this email in error, please delete it immediately. The content contained in this email should **not** be construed as relieving any contractor from completing **all** portions of their work, using the **exact** products and installation procedures as defined in the project's drawings and specifications, unless a prior change order has been issued, approved, signed, returned and forwarded to all applicable parties.

From: Walts, Brian (DTMB) [mailto:WaltsB@michigan.gov]
Sent: Friday, October 30, 2015 9:13 AM
To: Dave Carsley <davecarsley@bandbconstructionservices.com>
Cc: Lach, Adam (DTMB) <LachA@michigan.gov>; Miller, Jan (DTMB) <millerj1@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>; Parker, Daniel (DTMB) <parkerd1@michigan.gov>; Wright, Edward (DTMB) <WrightE@michigan.gov>
Subject: FW: 1st floor fire panel trouble

Good Morning Dave,

Please review the request below from the states fire crew staff and let us know if they are correct?

Thanks,
Brian

From: Sensabaugh, Dick (DTMB)
Sent: Friday, October 30, 2015 8:01 AM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Cc: Sebastian, Steven (DTMB) <SebastianS@michigan.gov>; Confer, Herb (DTMB) <conferh@michigan.gov>
Subject: 1st floor fire panel trouble

Brian : Central Control is receiving a bouncing trouble from Flint first floor. I have attached a graphic of the floor and circled the detectors that are bouncing. The three heat detectors are the ones giving us trouble. Herb checked mapping and they are the last three devices in the circuit. We suspect there is a loose connection pinched wire etc. between the smoke detector with an arrow next to it and the first heat detector to its right. Can you have the installer check these connections? This should be warranty work.

Thanks Dick Sensabaugh

Message

From: Mose, Sandi Kay (DHHS) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4E9798CF891749F4A98CF7AD655701E7-MOSE SANDI KAY]
Sent: 1/11/2016 11:56:50 AM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: RE: Clio Rd Facility

The room referenced below will hold about 60.

We do have another room that holds maybe 20.

But that is it.

Sorry for the level of detail (obviously you know what is going on at Union Street DTMB building and the security). I thought I was emailing Brian Wilson in Lansing...too many emails going back and forth on water needs!

From: Mose, Sandi Kay (DHHS)
Sent: Monday, January 11, 2016 11:51 AM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: RE: Clio Rd Facility

We have a large conference room located at the Clio Road district (which is about 15 minutes drive from the current location of 125 E. Union Street).

Clio Road district is located at 4809 Clio Road.

[redacted]

Reservations for this room can be requested through the district manager secretary, Sharon Matthews.

Let me know if you need further information.

From: Walts, Brian (DTMB)
Sent: Monday, January 11, 2016 11:47 AM
To: Mose, Sandi Kay (DHHS) <MoseS@michigan.gov>
Subject: Clio Rd Facility

Sandi,

The new PIO that are stationed at the Flint Facility are looking for a big conference room to hold Media meetings in. So far they do not see one at our Flint Facility that they feel will work. It was mentioned that the Clio Rd may have some big conference rooms and that the facility is well laid out. My question, is there a few big conference rooms at that facility? What is the address of that Clio Rd Building? How do they book any conference rooms? Any information will help. It may work for them or maybe not but we would like to share the information and let them inspect and decide.

Thanks,

Brian Walts

Building Trades Supervisor

DTMB - Building Operation Division

517-202-1960

DTMB
HELP. CONNECT. SOLVE.

From: State of Michigan <MISOM@govsubscriptions.michigan.gov>
Sent: Thursday, January 14, 2016 5:32 PM
To: Walts, Brian (DTMB)
Subject: Volunteer Opportunity in Flint



The State Emergency Operations Center (SEOC) is coordinating a response to the ongoing health and safety issues in the city of Flint's drinking water. Teams from the Michigan State Police, Genesee County Sheriff's Department, Michigan Department of Health and Human Services, and volunteer organizations have been delivering bottled water, water filters, replacement cartridges and water testing kits at homes in the city of Flint since Tuesday.

To help with this critical work, the SEOC is looking for volunteers to expand this effort and continue this distribution during the upcoming holiday weekend. Teams are being assembled for shifts on Saturday, January 16; Sunday, January 17; and Monday, January 18, 2016. If you are interested in volunteering your time for this critical work, please complete the information in one of the attached surveys (depending on which day you are volunteering).

To volunteer on Saturday, January 16, https://www.surveymonkey.com/r/28NVJBL

To volunteer on Sunday, January 17, https://www.surveymonkey.com/r/26NMJKK

To volunteer on Monday, January 18, https://www.surveymonkey.com/r/26P7P5G

Volunteers will begin their assignment at the Local Emergency Operations Center located in the Genesee County Administration Building located at 1101 Beach St, Flint at 9 a.m. and end by 4 p.m. Parking is available at the corner of Beach Street and 8th Street. Lunch will be provided. This is strictly a volunteer effort, as all three days will be unpaid. Volunteers are responsible for their own transportation; mileage reimbursement for personal vehicles is not authorized. Volunteers should dress for working outdoors and wear foot attire appropriate for walking.

This opportunity is for state employees and their immediate family members 16 years of age or older only, others looking to assist should volunteer through the American Red Cross in Flint. The volunteer coordination center for the Red Cross is located at 1401 S. Grand Traverse, Flint, MI. They are open from 9 a.m. to 7 p.m.

For more information on the state's response efforts, visit www.michigan.gov/flintwater.

This e-mail was sent to waltsb@michigan.gov using GovDelivery on behalf of: the State of Michigan, 111 S. Capitol Ave., Lansing, MI. *You are receiving this message because you are a State of Michigan employee.*

From: Doll, Jeanette (DTMB)
Sent: Friday, January 22, 2016 6:04 AM
To: Walts, Brian (DTMB)
Subject: Automatic reply: IT staff today

I am currently on special assignment and have limited ability to respond to requests that are not associated with the Flint Water Response.

If you need assistance with a building closure, please contact Central Control at (517) 373-0196 for immediate assistance.

Jeanette

From: Mose, Sandi Kay (DHHS)
Sent: Friday, January 22, 2016 8:38 AM
To: Walts, Brian (DTMB)
Subject: RE: 5th floor space

FYI - This is starting to impact our parking for our clients in the basement (as I am sure you are aware).
Perhaps, our guests need to park in the flat lot.

-----Original Message-----
From: Walts, Brian (DTMB)
Sent: Friday, January 22, 2016 7:50 AM
To: Mose, Sandi Kay (DHHS) <MoseS@michigan.gov>; Fountain, Tracey (DHHS) <FountainT@michigan.gov>
Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>
Subject: 5th floor space

Good Morning Sandi and Tracey,

If you could do me a favor and only let the bare essential staff to work on the 5th floor in the old civil rights area today. With the arrival of the 2 big groups to address the Flint water issues space is going to be a real concern. Please don't panic on me yet, my thinking is they will only need a little extra room then the 3 conference rooms we provided so your new extra staff will still have space but until I see what their needs are I wouldn't know. I should have it figured out by noon or so and will stop down to talk. My guess is they will only need about 5 open cubicles leaving the balance for your teams. Anything you can do will be great!

Thanks,
Brian

Sent from my iPhone

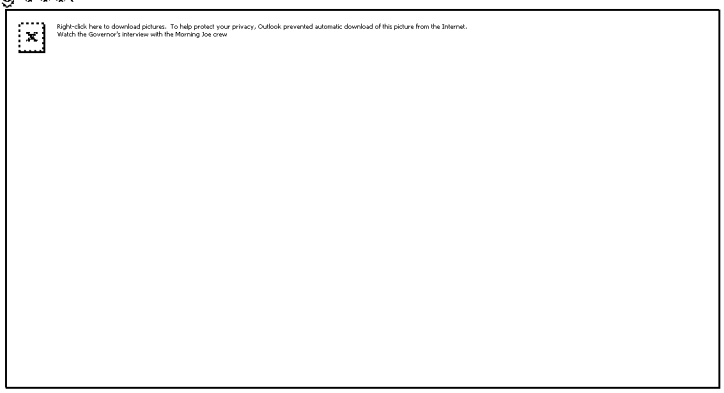
From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Friday, January 22, 2016 12:53 PM
To: Walts, Brian (DTMB)
Subject: "He's his own best spokesman"

How we are fixing the Flint water crsis

Governor Rick Snyder has committed to spending the rest of his time as Governor to fixing the Flint water crisis. Over the last few days, he has sat down to explain what happened and how we're fixing the Flint water crisis. Watch the interviews below and be sure to read the Governor's Op-Ed in the USA Today.

Governor Snyder on Morning Joe

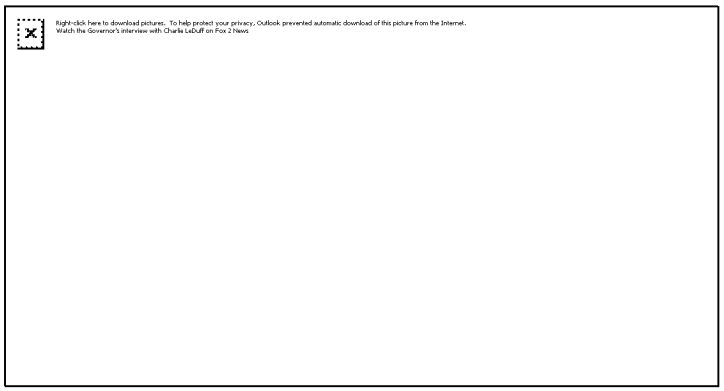
"What is so frustrating and what makes you so angry is you have a handful of experts who were career civil servants that made terrible decisions, in my view. We have to live with the consequences, and they worked for me, so I accept that responsibility. We are going to fix this problem." Watch Governor Snyder address how we are fixing the Flint water crisis on Morning Joe.



Governor Snyder with Charlie LeDuff on Fox 2 Detroit

"I feel awful about this. These are people. They've been harmed. You can't feel good about that. The people of Flint have been harmed and a major influence of that harm

came from people who worked for me, and I feel responsible for that. But I am committed to solving the problem and addressing the damage as much as possible for the rest of the time I'm Governor." Watch Governor Snyder address the Flint water crisis with Charlie LeDuff on Fox 2 News.

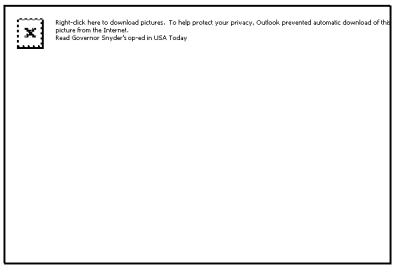


Governor Snyder's 2016 State of the State

"Michiganders don't quit, we don't give up, instead we will work with even more passion and commitment to truly improve our state. For everyone who's chosen to make Michigan their home, this is more than a promise, this is my commitment." Watch Governor Snyder's full closing statement from his 2016 State of the State address.



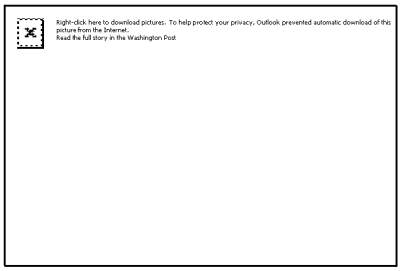
Governor in USA Today: "I will fix this, and I mean it."



"Residents in one of Michigan's proud cities cannot drink their water. That's unacceptable. The crisis in Flint arose from missteps at all levels of government — local, state and federal. But as governor, I take responsibility for what these families are going through, and I'm holding people in my administration accountable for their failures." Click here to read the Governor's full op-ed.

Washington Post: "Michigan Gov. Rick Snyder is in a tough spot, but he's his own best spokesman"

Snyder has born the brunt of criticism in the local health crisis that has turned into a national scandal. But unlike many other politicians facing crises of leadership, Snyder may also be his own best counter-programming. Click here to read the full story in the Washington Post.



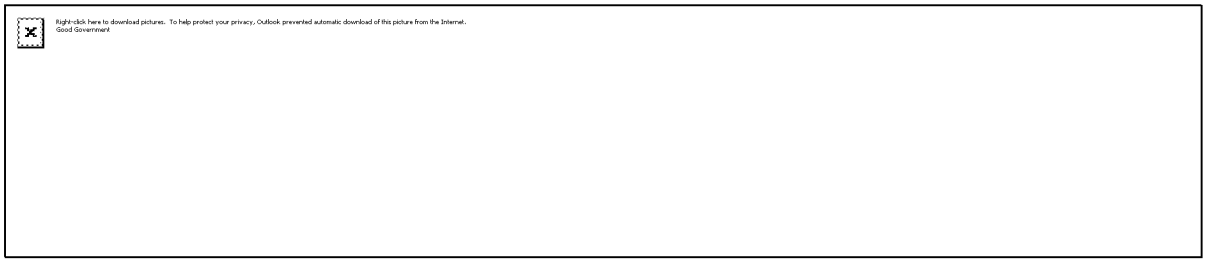
Visit HelpForFlint.com to learn how you can help Flint residents.

STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to Waltsb@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: State of Michigan <MISOM@govsubscriptions.michigan.gov>
Sent: Friday, January 22, 2016 4:48 PM
To: Walts, Brian (DTMB)
Subject: Flint Volunteer Efforts



Dear State Employees,

Gov. Rick Snyder and I want to thank everyone who donated their time during the holiday weekend to deliver bottled water, water filters, replacement cartridges and water testing kits to families in the city of Flint. We are working hard to ensure all residents are provided with the safe water resources they need, and each donation and hour of your time volunteered goes a long way.

For employees who would like to help the residents of Flint, there are several opportunities to do so. Please visit www.helpforflint.com to learn how you can help.

For additional information and updates, visit www.michigan.gov/flintwater.

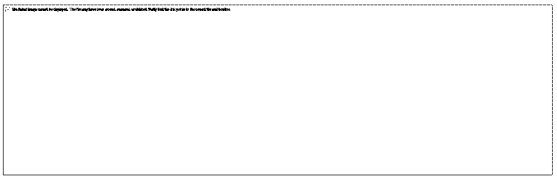
Again, thank you for all your support.

Sincerely, Mike Zimmer
Office of Good Government Director
Dept. of Licensing and Regulatory Affairs Director

This e-mail was sent to waltsb@michigan.gov using GovDelivery on behalf of: the State of Michigan, 111 S. Capitol Ave., Lansing, MI. *You are receiving this message because you are a State of Michigan employee.*

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 1/22/2016 7:15:56 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 554-14471700-2 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

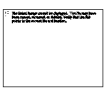
Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48502-2036

Date of Service: 01/22/2016
Reference Number: [redacted]
Purchase Order Number:
Your Service Person: Robert D.

Item	Qty	Price	Amount
710-5 GALLON DRINKING WATER DELIVERED	19	$5.50	$104.50
770-BOTTLE DEPOSIT	19	$7.00	$133.00
771-BOTTLE RETURN	-19	$7.00	-$133.00
		Subtotal	$104.50
		Tax	$0.00
		Total	$104.50

Your next date of service is: 02/19/2016
Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.

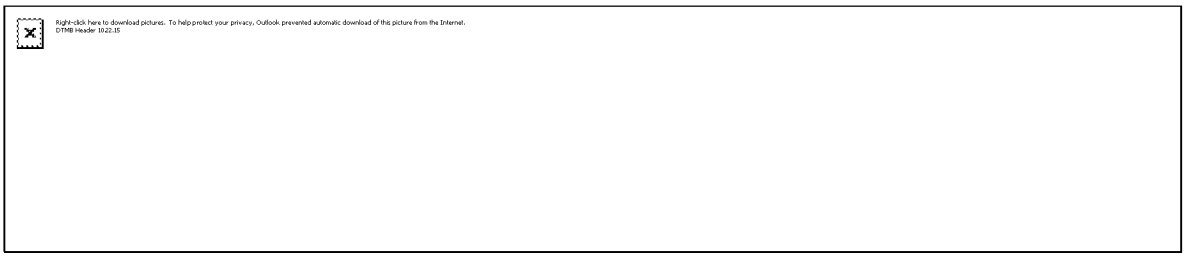


Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:
. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically

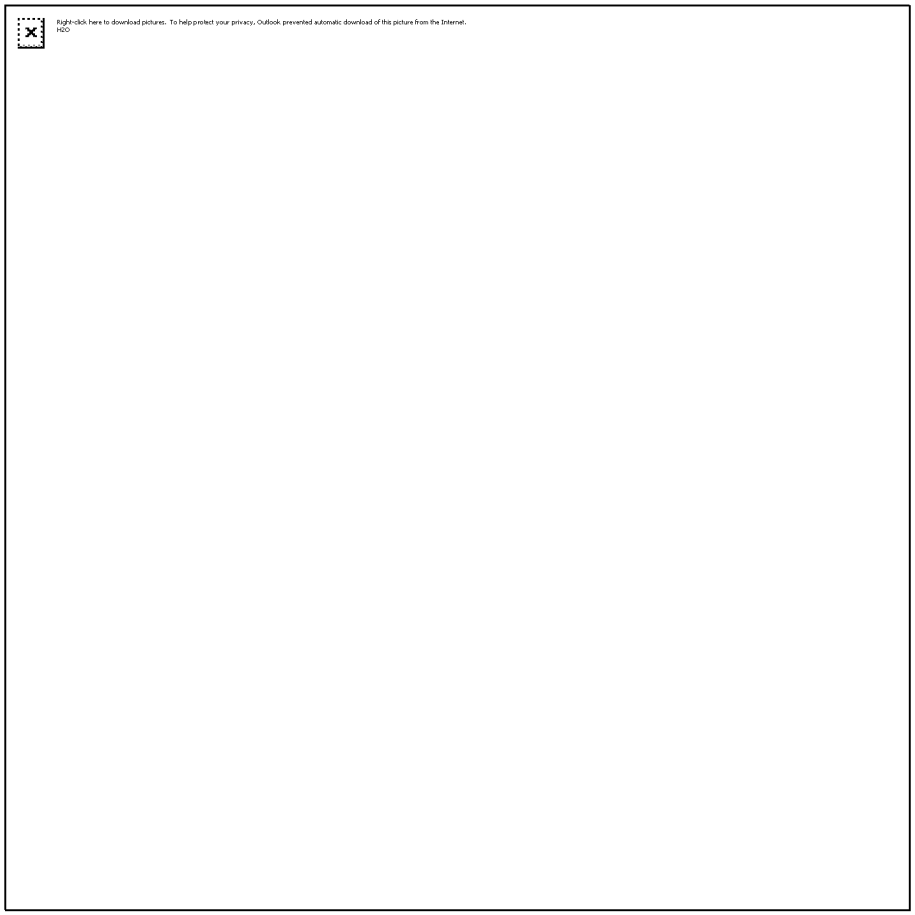
. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

From: Dept. Technology, Management & Budget <dtmb@govsubscriptions.michigan.gov>
Sent: Tuesday, January 26, 2016 8:39 AM
To: Walts, Brian (DTMB)
Subject: Contributing time, muscle and money



During this month's Martin Luther King Jr. holiday weekend, some state employees turned their "day off" into a "day on" in Flint. There, they delivered bottled water, water filters, replacement cartridges and water testing kits to families. The volunteers joined other Michiganders, turning Dr. King's birthday observance into a day of service.



Mike Zimmer, director of the Office of Good Government and the Department of Licensing and Regulatory Affairs, has shared a link – www.helpforflint.com – that offers other opportunities to contribute time, muscle and money to bring clean drinking water to the community.Here in DTMB, some of our employees didn't wait for an invitation to lend a hand. Office of Retirement Services staff contributed funds that were used to buy 31 cases and 23 gallons of water, which a local organization transported to Flint.

Autumn Hubbard, Ambrea Mack and Sarah Esquivel, who are in the photo at the left, nearly emptied the shelves at their local grocery store. Thanks for your efforts.

everyone.

Now work.

Last week, I signed a new policy that formalizes the annual employee review process and sets expectations for employees and managers. Administrative Policy 200.37 establishes consistent standards for implementing performance plans and reviews. Some of the standards are practices we have followed for years. Others are new. Some of particular note include:

- The mandatory use of HRMN
- A standard Feb. 1-Jan. 31 rating period for all employees
- An Individual Development Plan that specifies training or development programs for each employee
- Competencies and objectives that align to DTMB goals or scorecard metrics
- Consequences for managers and supervisors who do not complete the review process as required

A fundamental role of each DTMB manager or supervisor is to provide employees with direction and feedback on their performance. Employees also are expected to take an active role in pursuing professional development opportunities and achieving their competencies and objectives. I encourage you to review the new policy and talk with your manager or supervisor if you have questions. Of course, I welcome your questions and input as well. Please send your comments and ideas to me at behend@michigan.gov.

I know these have been busy weeks for many of you as you take on additional responsibilities and work hard to provide resources and services for our customers and citizens across the state. Please know that your hard work has not gone unnoticed. Thank you for everything you do, every day.

Have a great week,

David



The Department of Technology, Management and Budget
You are receiving this email because you are an employee of the Department of Technology, Management and Budget. If you have questions about your subscription, please contact DTMB-Communications@michigan.gov.

This email was sent to wattsb@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · 517-373-1004

From: Mose, Sandi Kay (DHHS)
Sent: Friday, January 29, 2016 6:03 AM
To: Walts, Brian (DTMB)
Subject: Fw: parking space for Amanda

Brian,
There appears to be no parking for staff available in the parking structure?
Note - I anticipate another staffing increase due to the water crisis.

Sandi

From: Fountain, Tracey (DHHS)
Sent: Friday, January 29, 2016 5:03 AM
To: Mose, Sandi Kay (DHHS)
Subject: FW: parking space for Amanda

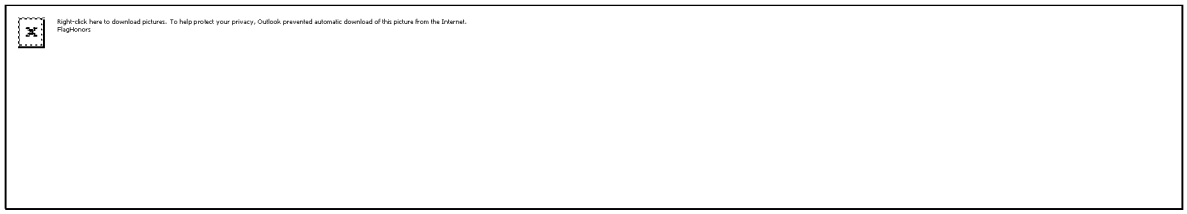
fyi

From: McCliggott, Kelly (DHHS)
Sent: Thursday, January 28, 2016 5:26 PM
To: Fountain, Tracey (DHHS) <FountainT@michigan.gov>
Cc: Stapleton, Beverly A. (DHHS) <StapletonB2@michigan.gov>; Hill, Etoyia (DHHS) <HillE8@michigan.gov>
Subject: parking space for Amanda

Tracey,
Amanda reports on Monday morning 2/1/2016, along with Kiera Thompson in Etoyia's team. Amanda contacted Lansing about parking was told that there is no space's available and she would be placed on a waiting list. They also cannot park in the U of M lot or they would receive a ticket. I have advised Amanda to park in the client lot that first day, but she cannot continue to park there and we need to know of the alternatives that would be within a safe walking distance for her.
Kelly

MDHHS
KELLY MCCLIGGOTT
AP SUPERVISOR
GENESEE COUNTY DHS
UNION STREET DISTRICT
125 E. UNION STREET
PO BOX 1615
FLINT MI 48501
810-760-7306

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Friday, January 29, 2016 9:48 AM
To: Walts, Brian (DTMB)
Subject: Thank you for your service



THANK YOU!

Fellow employees,

Each day, more than 46,000 state of Michigan employees come to work with the confidence and commitment to make Michigan a better place to live, work and play. I appreciate the way you care about the citizens we serve, and how it is reflected in the work that you do.

As you have heard from me and the media, our reputation and trust can be severely impacted when people do not make good decisions, or use good judgment in solving problems. That principle is universal, but never more so than when public health is at stake. What happened in Flint can never be allowed to happen again anywhere in our state.

I know that you want to work in a place where employee input is valued, efforts are recognized, and teams are always striving for continuous improvement. That's why we introduced employee surveys, Bureaucracy Busters and other reinvention initiatives. We want and deserve a culture of innovation, continuous improvement and employee engagement at every level. We can never take for granted how important the people are who depend on us to do our jobs, and I am asking you not to let the situation in Flint negatively impact your motivation to excel every day.

Many of you have taken an interest in helping the citizens of Flint on your own time, and I'd like to take this opportunity to recognize and thank those who have volunteered over the last couple of weekends. You have worked tirelessly to deliver cases of bottled water, water filters, replacement cartridges and water testing kits to the families in need. I appreciate you donating your time to help our fellow Michiganders. To date, more than 37,000 homes have been visited by one of our water resource teams.

For employees who would like to further help the people of Flint, please visit www.HelpForFlint.com to learn how you can do so. For additional information and to sign up for daily updates, please visit www.mi.gov/FlintWater. I am committed to ensuring that all residents have access to safe and clean water.

Again, I'd like to express my gratitude for the work you do every day to continuously improve our state and earn the trust of those you serve. You make a real difference.

Thanks,



Governor Rick Snyder

Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.
Photos of state employees volunteering

STAY CONNECTED:

This email was sent to Waltsb@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: Uphaus, Jamie (DTMB)
Sent: Friday, January 29, 2016 12:17 PM
To: Walts, Brian (DTMB)
Subject: Re: Flint Kettering University Water update letter

Thanks Brian this was helpful.

On Jan 28, 2016, at 5:37 PM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:

> Hi Team,
>
> I found this report from the Office of the President from Kettering University located here in Flint. When reading down through it I found lots of correct and helpful information. I thought I would share. It appears to list facts and attempts to stay clear of some of the hype. I hope it can be of some help.
>
> Thanks,
> Brian Walts
> Building Trades Supervisor
> DTMB - Building Operation Division
> 517-202-1960
>
> <image001.png>
>
> <KetteringWaterAlumniParents1242016.pdf>

From: Hengesbach, Tom (DTMB)
Sent: Friday, January 29, 2016 12:24 PM
To: Walts, Brian (DTMB)
Subject: RE: Phones requested by HHS and FEMA

Thanks Brian!

From: Walts, Brian (DTMB)
Sent: Friday, January 29, 2016 12:17 PM
To: Hengesbach, Tom (DTMB) <HengesbachT@michigan.gov>; Doll, Jeanette (DTMB) <dollj@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Cain, Matt (DTMB) <CainM2@michigan.gov>
Subject: RE: Phones requested by HHS and FEMA

Will do! I will write down and track where they are delivered for use.

Thanks,
Brian

From: Hengesbach, Tom (DTMB)
Sent: Friday, January 29, 2016 12:02 PM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Cain, Matt (DTMB) <CainM2@michigan.gov>
Subject: RE: Phones requested by HHS and FEMA

Hello,
We are sending up 5 phones for use where needed for the Flint water issue that someone from our group will be delivering today. They should be plug and play out of the box so please keep them in the 5th floor data closet until needed.
Thanks,
Tom

From: Doll, Jeanette (DTMB)
Sent: Thursday, January 28, 2016 4:45 PM
To: Hengesbach, Tom (DTMB) <HengesbachT@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Cain, Matt (DTMB) <CainM2@michigan.gov>
Subject: RE: Phones requested by HHS and FEMA

Thank you – I will update my records.

From: Hengesbach, Tom (DTMB)
Sent: Thursday, January 28, 2016 4:13 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>; Doll, Jeanette (DTMB) <dollj@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>

Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Cain, Matt (DTMB) <CainM2@michigan.gov>
Subject: RE: Phones requested by HHS and FEMA

Thanks Jeanette,
We are getting 5 new phones up to the Flint SOB tomorrow (1-29-16). These phones will be configured and usable out of the box. We can set them up where needed or give them to Brian as he has installed a few of the phones himself in emergency situations.
Just an FYI on the total amount of phones-As of today there are 14 phones being used for the ECC and assorted other people working on the water issue. These 5 new phones will make the total 19 phones.
Thanks,
Tom Hengesbach
Telecom

From: Walts, Brian (DTMB)
Sent: Thursday, January 28, 2016 3:30 PM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Cc: Hengesbach, Tom (DTMB) <HengesbachT@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>
Subject: RE: Phones requested by HHS and FEMA

Great Thank you!

From: Doll, Jeanette (DTMB)
Sent: Thursday, January 28, 2016 3:28 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Cc: Hengesbach, Tom (DTMB) <HengesbachT@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>
Subject: RE: Phones requested by HHS and FEMA

Tom –

Please provide 5 more telephones for use in the US HHS and FEMA area. I will add them to our resource request. Total will now be 10 phones provided.

Thank you

Jeanette

From: Walts, Brian (DTMB)
Sent: Thursday, January 28, 2016 3:21 PM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Cc: Hengesbach, Tom (DTMB) <HengesbachT@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>
Subject: Phones requested by HHS and FEMA

Hi Team,

An on-site request has been made for a few more desk top phones to be utilized at the Flint Facility on the 5th floor. Tom Hengesbach sent 5 up a few weeks ago but the couple that was left was used for the request today. It looks like the team on site will request at least 3 more. The ones Tom sent are plug and play and appear to work great. Should the on-site team request through you or could they get a few more??

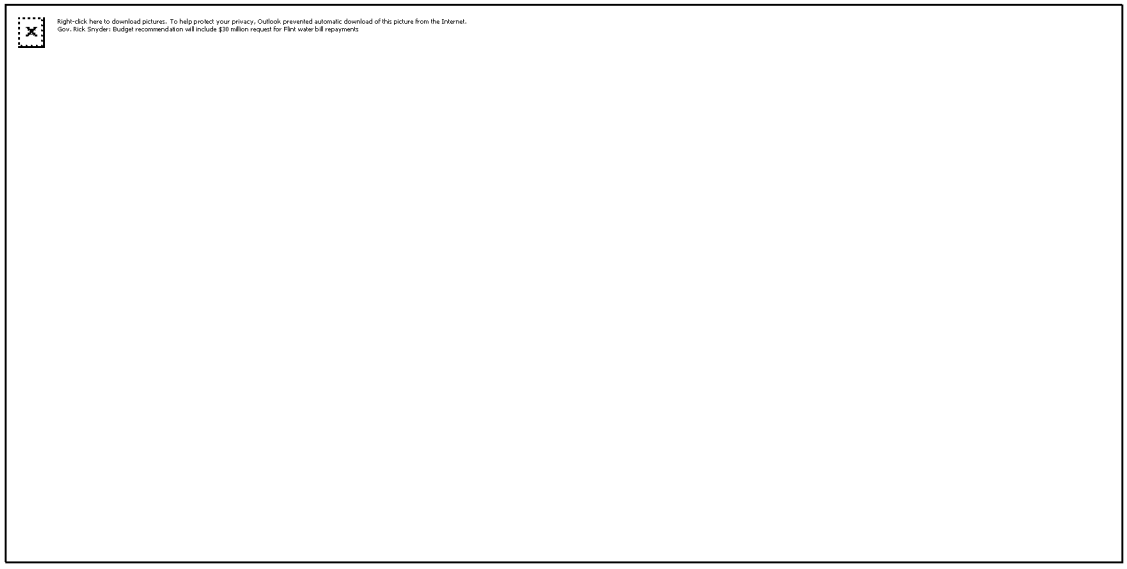
Thanks,
Brian Walts
Building Trades Supervisor

DTMB - Building Operation Division
517-202-1960

DTMB
HELP. CONNECT. SOLVE.

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Wednesday, February 03, 2016 6:27 PM
To: Walts, Brian (DTMB)
Subject: "Flint residents should not have to pay for water they cannot drink"

Budget recommendation will include $30 million request for Flint water bill repayments



When Governor Rick Snyder presents his budget recommendation next Wednesday, Feb. 10, he will include a $30 million request for the residents of Flint to keep their water service on and eliminate the need to pay for water they cannot completely trust to drink.

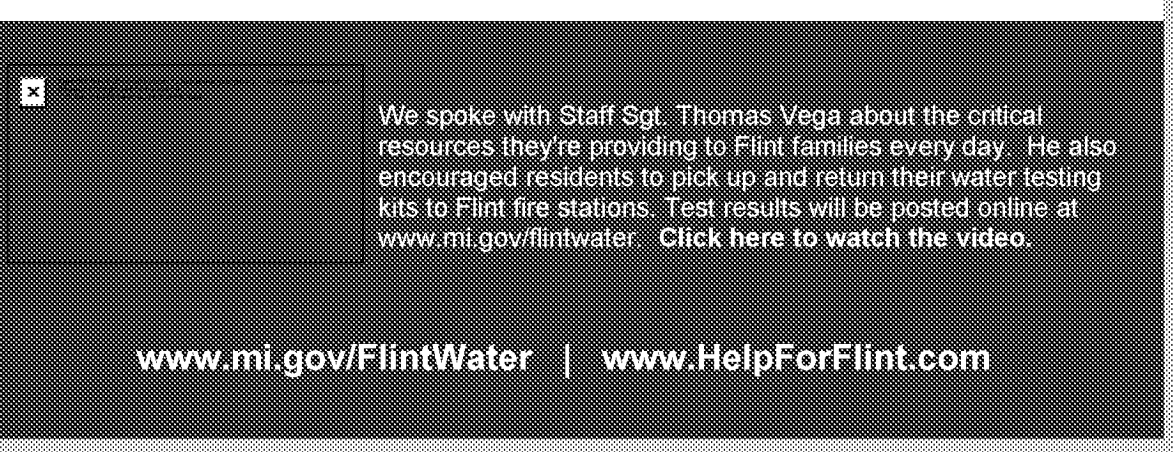
Under the governor's ask, the funding would enable the city of Flint to apply credits for customers on future bills. Estimates show water is roughly 47 percent of billing and sewer costs are around 53 percent. The credit would be applied to consumption usage (roughly

65 percent) of a resident's water portion of the bill, such as for bathing, drinking, cooking, and washing your hands. Residents still would be responsible for paying the sewer portion of their water bills.

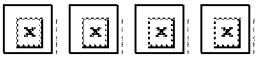
Professor Marc Edwards of Virginia Tech said, "This essentially refunds all the money associated with consumption or consumer use. I think it's an amazing gesture of common sense and good will and it corrects an injustice. I don't think there's a precedent for this. I feel so encouraged by the direction this is going."

Click here to learn more about the budget request.





STAY CONNECTED:



SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to Walfsb@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: DTMB Facilities <dtmb@govsubscriptions.michigan.gov>
Sent: Wednesday, February 10, 2016 4:41 PM
To: Walts, Brian (DTMB)
Subject: Facility Notification: Flint State Office Building



Flint Drinking Water

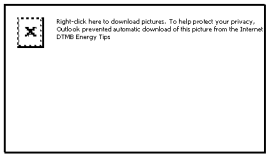
Details:

An advisory has been issued by the City of Flint asking water customers within a defined area (see attached notice and map) to boil water before using it. However, the Flint State Office Building does not fall within the identified area. DTMB continues to offer tap and bottled water in public areas on each floor as options in the Flint State Office Building.

- Precautionary Boil Water Notice 2-9-16.pdf
- Map - Precautionary Boil Water Advisory.pdf

Contact:

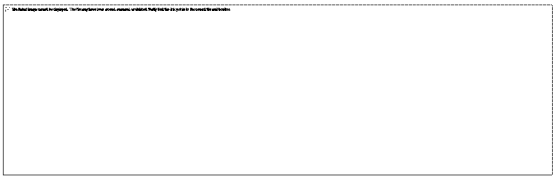
DTMB Customer Service Center, DTMB-Customerservice@michigan.gov or 517-373-6227

	Unplug electronics such as cell phones and laptops once they're charged. Adapters plugged into outlets use energy even if they're not charging.

This email was sent to waltsb@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · 517-373-1004

Message

From: service@culliganflint.com [service@culliganflint.com]
Sent: 2/11/2016 5:16:32 PM
To: Walts, Brian (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1b98c3693cd4f80b49fe733b48d260c-Walts Brian]
Subject: Culligan Water Conditioning Delivery Receipt For 554-14471700-2 State Of Michigan
Attachments: ATT00001.bin; ATT00002.bin



Culligan Water Conditioning
5383 Hill 23 Drive
Flint, MI 48507-3906
Have a question? Reply to this email
Call us at 810-232-1117 or 800-747-1107
Visit us online at: www.culliganflint.com

Hi State Of Michigan,

Thank you for your business!
Payment is not required at this time, all amounts will be reflected on your next bill.

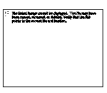
Delivery Service Confirmation
Account: [redacted]
125 E Union St
Flint, MI 48502-2036

Date of Service: 02/11/2016
Reference Number: [redacted]
Purchase Order Number:
Your Service Person: John D.

Item	Qty	Price	Amount
710-5 GALLON DRINKING WATER DELIVERED	40	$5.50	$220.00
770-BOTTLE DEPOSIT	40	$7.00	$280.00
771-BOTTLE RETURN	-40	$7.00	-$280.00
		Subtotal	$220.00
		Tax	$0.00
		Total	$220.00

Your next date of service is: 02/19/2016

Please reply to this email or call us at 810-232-1117 or 800-747-1107 at least one day in advance of your scheduled delivery date if you wish to reschedule or skip a delivery.



Go Paperless!! Save time, money and the environment by paying your monthly bill online.
It's easy as 1,2,3! Simply set-up an account, select paperless billing and then pay online.
With online bill pay you can:

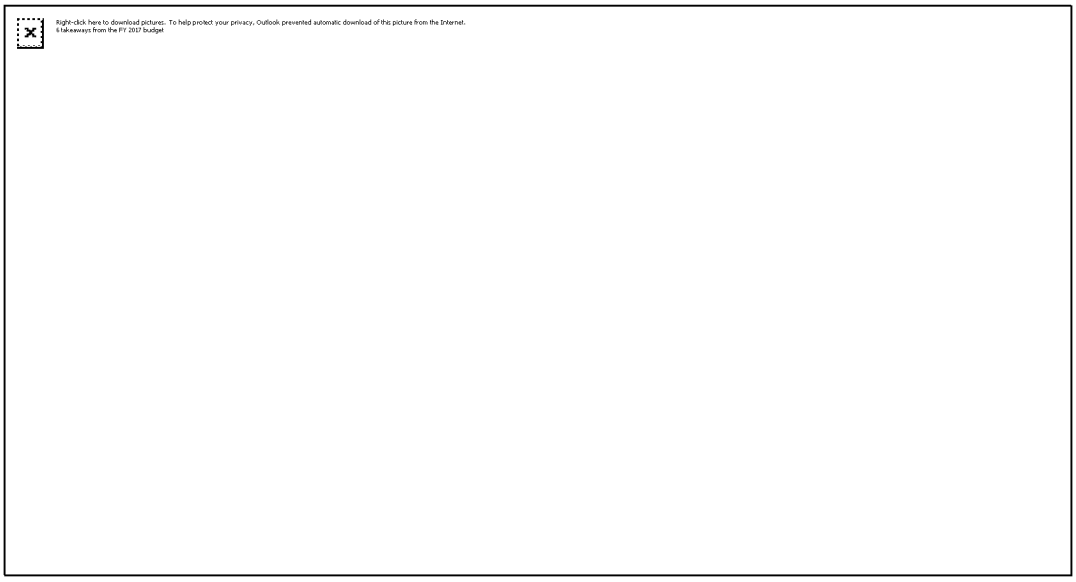
. Receive your statement by email
. View your statement online at any time
. Pay your bills automatically

. Save time and money it takes to mail a check

Visit us at www.culliganflint.com to get started today!

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Thursday, February 11, 2016 5:50 PM
To: Walts, Brian (DTMB)
Subject: What this year's budget means for Michigan...

VIDEO: What Governor Snyder's FY17 budget means for Michigan



Gov. Rick Snyder's FY 2017 budget calls for critical investments for the Flint water crisis, statewide infrastructure and the Detroit Public Schools. The governor's recommendation also addresses the skyrocketing costs of specialty medications that Michigan residents depend on for better health outcomes.

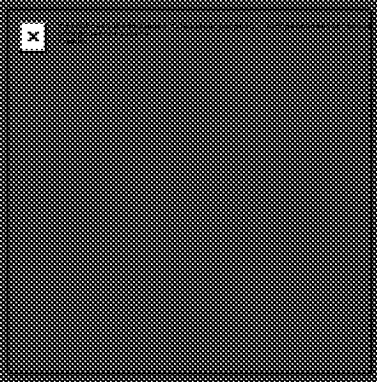
This budget also stays committed to the Governor's core statewide priorities of education, talent and economic development, health and human services, and public safety.

The proposed FY 2017 budget makes key investments to strengthen the state for all of

Michigan's families. Click here to learn more about the top 6 takeaways from the Governor's FY 2017 state budget.



Click a tweet to tweet it out:



The #MIBudget @OneToughNerd proposed yesterday makes key investments to strengthen Michigan for all families --> www.mi.gov/MIBudget

--> @OneToughNerd's #MIBudget includes $72 million a year for Detroit Public Schools. It is time to act now -- > www.mi.gov/MIBudget

--> @onetoughnerd's significant investment in #Flint families is the right thing to do. #FlintFWD #MIBudget www.mi.gov/MIBudget

STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to Waltsb@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: Lindbloom, Thomas <tlindbloom@statechemical.com>
Sent: Monday, February 15, 2016 11:07 AM
To: Walts, Brian (DTMB)
Subject: CC Receipts
Attachments: Flint 2-9-16.PDF; Saginaw 2-5-16.PDF

Hi Brian,

Hope you are doing good today.

Here are two latest CC receipts from Saginaw and Flint.

I gathered water samples from both locations per Mike and have sent them to our lab for analysis.
They should arrive tomorrow and I will forward the test reports as soon as I get them.

Thanks,

Tom Lindbloom, Senior Account Manager

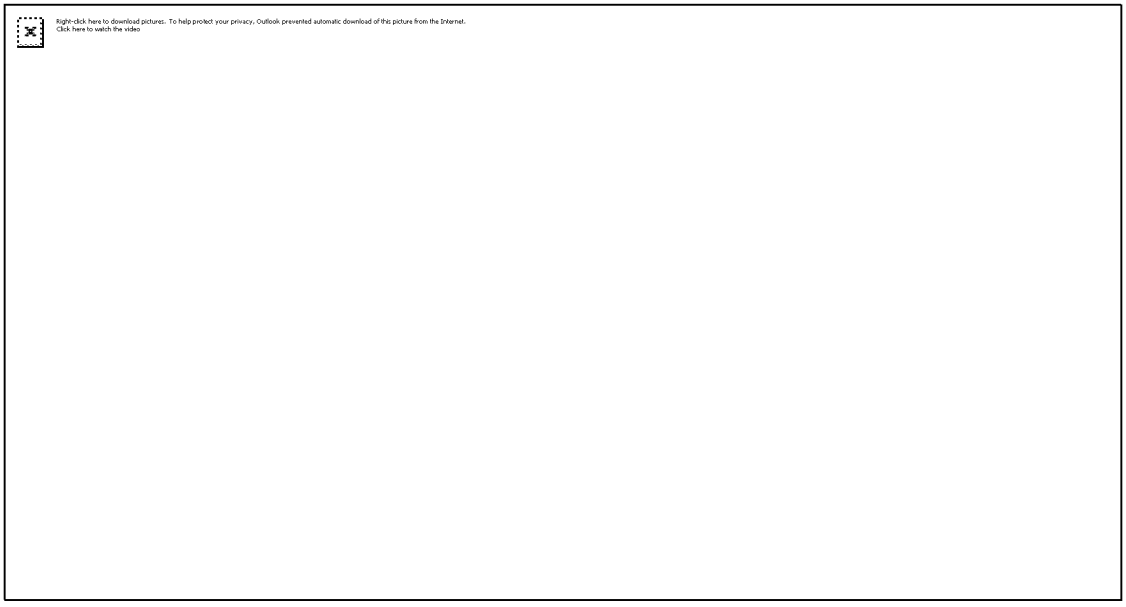
State Industrial Products

(313) 408-6867

tlindbloom@statechemical.com

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Tuesday, February 16, 2016 5:35 PM
To: Walts, Brian (DTMB)
Subject: VIDEO: Volunteering in Flint

VIDEO: How volunteers are helping Flint



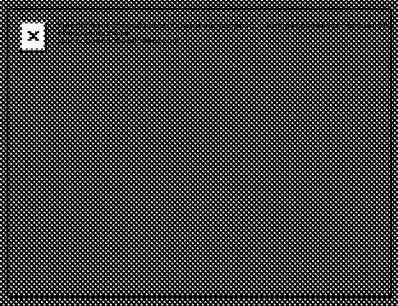
Volunteers at the Food Bank of Eastern Michigan are working hard to collect donations in order to help the families of Flint. Last Thursday, Governor Snyder visited with the many dedicated volunteers and helped sort cans of food.

Good nutrition is critically important for Flint's children. Foods that are high in calcium, vitamin C, and iron can help limit the effects of lead exposure. To donate or volunteer at the Food Bank of Eastern Michigan, visit www.fbem.org.

Click here to watch the video and learn more about how the Food Bank of Eastern Michigan is helping Flint's families.

Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.
click here to watch the video

LISTEN IN: Governor Snyder's tele-town hall with Flint residents



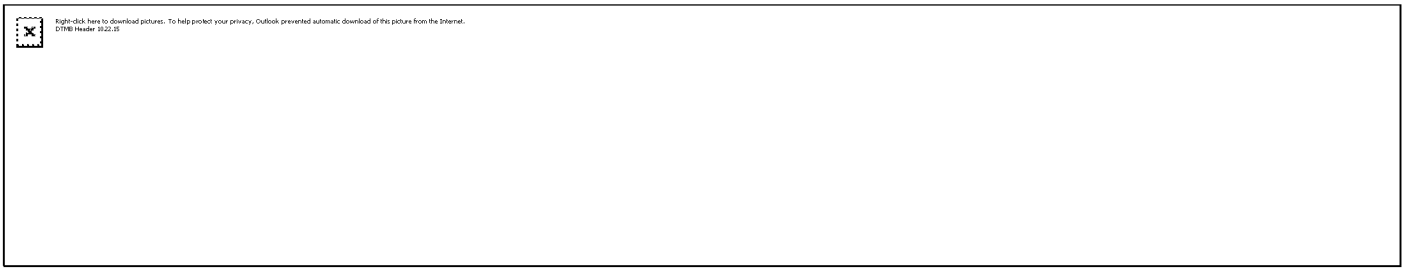
Governor Snyder hosted his third town hall with Flint residents on Thursday, Feb. 11, answering their questions directly. *Click here to listen to the call.*

STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to Waltsb@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: DTMB Director and CIO David Behen <dtmb@govsubscriptions.michigan.gov>
Sent: Wednesday, February 17, 2016 10:10 AM
To: Walts, Brian (DTMB)
Subject: The Gov. Snyder's Budget Proposal



Good morning everyone. I hope everyone had a great holiday weekend.

I had the good fortune to travel to Marquette on Monday with Chad Laidlaw, DTMB's policy and planning analyst, to meet with city, business and university leaders and to address the Economic Club of Marquette. I told them about the many things DTMB does, placing special emphasis on our work in mobility and cybersecurity. Marquette is really developing and making its mark as an innovative and entrepreneurial community.

Now work.

The executive budget Gov. Snyder presented last week outlined his investment plan for Michigan. Yes, the proposal for fiscal year 2017-18 outlined a strategy to address the critical challenges of addressing the Flint water crisis and turning around Detroit's Public Schools, but the $54.9 billion plan also includes investment in four key areas:

- **Education.** The budget increases investment to K-12 schools, community colleges and the state's public universities. Additional funds are proposed to expand career, technical, science, technology, engineering and math programs.
- **Protecting the Public.** The governor's plan expands the Secure Cities program, which has reduced violent crime in four major Michigan cities. Funds also would support an additional trooper recruit school and an academy to train corrections officers, among other initiatives.
- **Putting People First.** The governor recommends continued expansion of the Healthy Kids Dental Program and funding efforts to ensure residents have access to affordable health care. His proposal boosts funds to help cover new higher cost specialty medications to treat conditions such as hepatitis C and cystic fibrosis, among others.
- **Investing in Infrastructure.** The proposal allocates $1.2 billion to maintain and repair Michigan roads, bridges and other critical infrastructure.

The budget proposal also includes FY 2017-18 funding recommendations for DTMB. Gov. Snyder recommends ongoing funding of $1.3 billion for department operations and a one-time allocation of $32.4 million.

A few highlights include:

- $502 million for information technology support for all state agencies and $132.8 million for 14 high-priority IT projects in seven agencies. He recommends increasing the Information Technology Investment Fund by $7 million, from $65 million to $72 million. This fund supports several major multiyear IT projects and upgrades, including the replacement of outdated legacy systems.
- An additional $5 million to support cybersecurity improvements to safeguard citizens' personal information and protect critical infrastructure and government services.
- IT support of $6.5 million to modernize the Office of Retirement Services' systems and enhance customer service for more than 530,000 current and future retirees.

You can see the full executive budget recommendations, which are posted on the Budget Office website. Details of DTMB's proposed budget begin on page B-75.

We can expect to see many changes before the budgets are signed and become effective Oct. 1. The executive budget will be used by the House and Senate Appropriations Committees as they work on their own budgets and hold committee hearings on the proposals. I'll keep you posted as the process moves ahead.

As always, I welcome your notes, whether about the budget process or any other topic. Please send them to me at behend@michigan.gov.

Thank you again for all the good work you do. I hope you have a great week ahead.

David

The Department of Technology, Management and Budget
You are receiving this email because you are an employee of the Department of Technology, Management and Budget. If you have questions about your subscription, please contact DTMB-Communications@michigan.gov.

This email was sent to walshb@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · 517-373-1004

From: Matt Hawley-Summit <matt@summitadvertising.com>
Sent: Thursday, February 18, 2016 4:11 PM
To: Walts, Brian (DTMB)
Subject: Re: Saginaw State Office Building signs

Brian,
Looks like it could be Thursday 25 Feb or the following Monday/Tuesday (29 Feb or 1 Mar)..Will be in touch next week when we can finalize the schedule.
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Thursday, February 18, 2016 4:05 PM
Subject: Re: Saginaw State Office Building signs

Yea Matt sounds like a good idea to get together. Let me know what day you will be on site and I will make sure I am as well! Thanks

Sent from my iPhone

On Feb 18, 2016, at 3:57 PM, Matt Hawley-Summit <matt@summitadvertising.com> wrote:

> Hi Brian,
> Hopefully will be at the site next week to install 7th floor signs..I have been in contact with Michael Noonan to go over more signage needs..Do you want to meet too and go over anything when I am there?
> Thanks,
> Matt Hawley
> Summit Advertising
> Ph: 616.874.8000
> Fax: 616.874.8200
>
> ----- Original Message -----
> **From:** Walts, Brian (DTMB)
> **To:** Matt Hawley-Summit
> **Sent:** Monday, February 08, 2016 3:14 PM
> **Subject:** RE: Saginaw State Office Building signs
>
> Hi Matt,
> Looking at the color matching chart it appears the closet blue to the color signs we already have on site at the Saginaw Facility is 3X1-501. That blue as the background color with white letters should work fine. Thanks for the patients!
> Brian
>
> **From:** Matt Hawley-Summit [mailto:matt@summitadvertising.com]
> **Sent:** Tuesday, February 02, 2016 7:52 AM
> **To:** Walts, Brian (DTMB) <WaltsB@michigan.gov>
> **Subject:** Re: Saginaw State Office Building signs
> I just wanted to make sure I didn't miss something somewhere.

Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Monday, February 01, 2016 9:17 PM
Subject: Re: Saginaw State Office Building signs

I did Matt and did receive the color match for the Saginaw facility. It has been so crazy at the Flint Facility with the Flint water crisis that I haven't got a chance to do much of anything at Saginaw lately. So sorry for the delay and lack of communication. I will get back organized on the signage issues at the facilities and let you know how the color looks. Thanks I will be in touch soon.
Brian

Sent from my iPhone

On Feb 1, 2016, at 6:15 PM, Matt Hawley-Summit <matt@summitadvertising.com> wrote:

Brian,
Did you get these emails regarding the color?
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Matt Hawley-Summit
To: Walts, Brian (DTMB)
Sent: Thursday, December 31, 2015 10:40 AM
Subject: Re: Saginaw State Office Building signs

Hi Brian,
Just following up on the color chart I sent..Did you get it? Any match for the Blue?
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Monday, December 21, 2015 6:13 PM
Subject: Re: Saginaw State Office Building signs

Sure.
Saginaw State Office Building
DTMB
411 E. Genesee St.
Saginaw Mi 48607
Attention Brian Walts

Sent from my iPhone

On Dec 21, 2015, at 5:33 PM, Matt Hawley-Summit <matt@summitadvertising.com> wrote:

Brian,
I would like to send a color chart....Can I get a mailing address for you or someone at the Saginaw office so they can match the color? I assume we need to match the Blue in the photo?
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Monday, December 21, 2015 4:39 PM
Subject: RE: Saginaw State Office Building signs
Thanks Matt, attached is signed. Have a great Holiday!! Probable have something for Flint either the end of this week or sometime next week.
Brian

From: Matt Hawley-Summit [mailto:matt@summitadvertising.com]
Sent: Monday, December 21, 2015 3:55 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs
Brian,
Attached is the quote for Saginaw..I understand some signs need to match and have frames but if we can do without the frames it would save a decent amount of $$ for each sign type..Just thought I would let you know. As soon as you approve the quote I want to send you a color sample chart to match up the Blue as shown in your photo and provide you with drawings for your approval.
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley
Sent: Monday, December 21, 2015 3:29 PM
Subject: RE: Saginaw State Office Building signs
Ok, great we will need that for the big orders for sure!! Let me know when you are set up! Thanks Matt have a great Holiday Season!
Brian

From: Matt Hawley [mailto:matt@summitadvertising.com]
Sent: Monday, December 21, 2015 2:36 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs
Sorry ..Just checks..I am in the process of setting up with the State on the website now
From: Walts, Brian (DTMB)

Sent: Monday, December 21, 2015 2:32 PM
To: Matt Hawley-Summit
Subject: RE: Saginaw State Office Building signs

Ok sounds good! Do you take credit card payments like for the Treasury sign invoice?

From: Matt Hawley-Summit
[mailto:matt@summitadvertising.com]
Sent: Monday, December 21, 2015 2:11 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs

Hi Brian,
I am waiting on some frame info..Will have the Saginaw sign quote to you by tomorrow.

Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200

----- Original Message -----
From: Walts, Brian (DTMB)
To: matt@summitadvertising.com
Sent: Tuesday, December 15, 2015 11:28 AM
Subject: Saginaw State Office Building signs

Good Morning Matt,
I am still working at putting together the Flint Office signs but have a few we need for the Saginaw State Office Building. I took a picture of the color and style we would like to match and size can be what fits best for the wording added.

1. Workers Compensation and Unemployment Appeals (can be 3 lines stacked)
2. Michigan Rehabilitation Services (2 lines stacked with an arrow under wording pointing towards Michigan)
3. DHHS Waiting Room (long or stacked whichever looks best)
4. DTMB 1st Floor Conference Room (2 lines stacked)
5. DTMB Conference Room C (2 lines stacked)
6. Conference Room A (long or stacked)
7. Conference Room B (Long or stacked)
8. MI Department of Licensing and Regulatory Affairs
   MIOSHA
   General Industry Safety and Health Division
   District # 2
   Saginaw (4 lines stacked)

Thanks Matt any questions just give me a call!

Brian Walts
Building Trades Supervisor
DTMB - Building Operation Division
517-202-1960
<image001.png>

From: Lindbloom, Thomas <tlindbloom@statechemical.com>
Sent: Thursday, February 18, 2016 8:41 PM
To: Walts, Brian (DTMB)
Subject: Water Test Analysis
Attachments: Flint State Office.xls; Saginaw State BLDG.xls

Brian,

Attached please find the two tests conducted by our lab. I also asked our field water specialist to review the results and he found the following;

From the tests we ran, it looks like a good quality city water resembling that of Detroit or Great Lakes water. The iron levels in both samples were typical of such water.

Our tests did not look into bacteria or such but this can be done with a dip test kit (which is on site at both locations) as well as thru a drinking water specific lab.

We were not able to run a test for lead but as I mentioned earlier, the results of the tests we ran indicated good quality.

Please let me know if there is anything else we can do.

Thanks,

Tom Lindbloom, Senior Account Manager

State Industrial Products

(313) 408-6867

tlindbloom@statechemical.com

	A	B	C	D	E	F
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	**Sample:**			Flint State Office		
13						
14	**Additives:**					
15						
16	**pH**			7.29		
17	**TDS (ppm)**			140		
18	**Chlorides (ppm Cl)**			20		
19	**Total Hard (ppm $CaCO_3$)**			110		
20	**p-alkalinity (ppm $CaCO_3$)**			0		
21	**m-alkalinity (ppm $CaCO_3$)**			90		
22	**Iron (ppm)**			0.06		
23						
24	**Make Up Water** Standard Testing Includes: pH, TDS, Cl, Hardness, p-Alkalinity, m-Alkalinity, and Iron					
25						
26	Any Other Tests are Based Upon Known Additives Used within the System and by Request					
27	All Tests Done by Request					
28						
29	**Analysis Comments:**					

	G	H	I
1	**Water Lab Analysis Report**		
2			
3	**Report #:**		11,674
4	**Analyst:**		JB
5	**Analysis Date:**		2/17/2016
6	**Account Name:**		Flint State Office
7	**Account Number:**		
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			

	A	B	C	D	E	F	G
1							**Water Lab Analysis Report**
2							
3							**Report #:**
4							**Analyst:**
5							**Analysis Date:**
6							**Account Name:**
7							**Account Number:**
8							
9							
10							
11							
12	**Sample:**			Saginaw State			
13							
14	**Additives:**						
15							
16	**pH**			8.08			
17	**TDS (ppm)**			160			
18	**Chlorides (ppm Cl)**			30			
19	**Total Hard (ppm $CaCO_3$)**			130			
20	**p-alkalinity (ppm $CaCO_3$)**			10			
21	**m-alkalinity (ppm $CaCO_3$)**			110			
22	**Iron (ppm)**			0.1			
23							
24	**Make Up Water** Standard Testing Includes: pH, TDS, Cl, Hardness, p-Alkalinity, m-Alkalinity, and Iron						
25							
26	Any Other Tests are Based Upon Known Additives Used within the System and by Request						
27	All Tests Done by Request						
28							
29	**Analysis Comments:**						

	H	I
1		
2		
3		11,673
4		JB
5		2/17/2016
6		Saginaw State BLDG.
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		

Sent: Wednesday, January 20, 2016 1:22 PM
To: Scates, Larry (DTMB)
Subject: RE: Cycle 574

Hi Larry,

I have attached both sheets of invoice for the DEPPMANN purchase dated 12/15/15. I also have a picture attached as to the product that was purchased. This was for a pressure valve that maintains the balance of pressure in our domestic water pumps at the Flint State Office Building. These valves are specialized to that particular unit and would have to be purchased from a dealing of the equipment. I hope it helps to clarify.

Thanks,
Brian

From: Scates, Larry (DTMB)
Sent: Wednesday, January 20, 2016 12:51 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: FW: Cycle 574

Hey Brian,

From below can you tell me or send the invoice from RL. Deppmann? Thanks!

Larry Scates
Building Operations Division
Secondary Complex/Outstates
Department of Technology, Management & Budget scatesl@michigan.gov.
Phone (517) 284-7957

Help. Connect. Solve.

From: Harlan, Philip (DTMB)
Sent: Wednesday, January 20, 2016 11:09 AM
To: Scates, Larry (DTMB) <scatesl@michigan.gov>
Subject: RE: Cycle 574

A couple things to note:
1. Page one of the RL Deppmann invoice is missing so we can't tell what was purchased
2. Not sure that all items purchased couldn't have been purchased from Grainger or Home Depot

Thanks!

Philip Harlan
Psalm 34:6
Building Operations Division
Supply Chain Management
517.636.6607

From: Scates, Larry (DTMB)
Sent: Wednesday, January 20, 2016 10:33 AM
To: Harlan, Philip (DTMB) <harlanp@michigan.gov>
Subject: FW: Cycle 574

Hey Phil,

Here is Brian's cycle 574.

Larry Scates
Building Operations Division
Secondary Complex/Outstates
Department of Technology, Management & Budget
scatesl@michigan.gov.
Phone (517) 284-7957

Help. Connect. Solve.

From: Walts, Brian (DTMB)
Sent: Wednesday, January 20, 2016 10:00 AM
To: Scates, Larry (DTMB) <scatesl@michigan.gov>
Subject: Cycle 574

Hi Larry,

Please find attached cycle 574 for your review.

Thanks,
Brian Walts
Building Trades Supervisor
DTMB - Building Operation Division
517-202-1960

To: Scates, Larry (DTMB);Noonan, Michael (DTMB);Uphaus, Jamie (DTMB);Paasch, Keith (DTMB);Turnquist, Michael (DTMB)
Subject: Flint Kettering University Water update letter
Attachments: KetteringWaterAlumniParents1242016.pdf

Hi Team,

I found this report from the Office of the President from Kettering University located here in Flint. When reading down through it I found lots of correct and helpful information. I thought I would share. It appears to list facts and attempts to stay clear of some of the hype. I hope it can be of some help.

Thanks,
Brian Walts
Building Trades Supervisor
DTMB - Building Operation Division
517-202-1960

Kettering University
1700 University Avenue • Flint, Michigan 48504-6214

Monday, January 25, 2016

To: The Kettering Community of Parents of our Students and our Alumni

Subject: Kettering Campus Water Update[1]

I know that you value the excellence of the education we provide, but I expect as alumni or parents of students currently enrolled at our great University that you are concerned about the barrage of news about Flint's water supply. I am a proud parent of a Kettering student, and my family and I reside in Flint, so I understand deeply and very personally how you might be feeling about the situation as reported in the media.

Last week, I sent a detailed Kettering Water Update letter to our campus and to our students. Because I know (from direct experience!) that students may not always communicate promptly with their parents on even important issues, I thought I would take a moment to update you and our alumni directly on this issue, because I know it is a subject of concern.

Unfortunately, as is often the case in public crises, a great deal of misinformation about the water supply in Flint is being reported as fact. Just as distressingly, though, a great deal of important information that we do have about the situation is also *not* being reported.

Kettering campus water is safe, and our faculty, staff, students, and campus residents are **not** being exposed to contaminated water on campus. We are, and have been even before the current crisis emerged, committed to ongoing testing of our water to ensure the safety of the campus water supply. Moreover, the entire water supply of Flint has not been contaminated with lead; although some sections of the city have experienced problems, some severe, other sections have not.

All of us deplore that any single person has been exposed to unsafe levels of lead in the water; however, many people living in Flint have not been exposed to water containing elevated levels of lead in their residences or places of business.

I also want to clarify that *the water from the Flint River that was used as the city's water source from April 2014 through October 2015 was not contaminated with lead.* The contamination, where it occurred, was due primarily to interactions between treated river water and lead supply lines in the distribution system, particularly in lead lines connecting individual houses to local water mains. This is not a global problem with the water, but a problem with how that water - after treatment - interacted with some pipes and other elements of the city's distribution system. This interaction was often (considerably) different - even house-by-house on a single block.

In this letter I want to outline for you what we know about the nature of the contamination of the Flint system, how the university has responded to it, what we have done and are doing on an ongoing basis to ensure the integrity and safety of drinking water on the campus, and how we are working to ensure that those in the campus community who live off-campus in private housing

[1] This memo is a revision of an earlier memo dated Monday, January 18, 2016. In this revision, any references and citations to measured blood levels in children or numbers of children impacted in Flint have been removed, because the original data cited and as supplied by the State of Michigan has been significantly revised since the publication of the original memo.

have access to appropriate information, tests, and filters to ensure and monitor the safety of their private supplies.

Because I want to document what I write, I am also including footnotes that will lead you, if you are interested, to the sources of my information, something I learned to do as a faculty member and still highly value. We are committed to deploying every resource at our disposal to continue to ensure the safety of our entire campus community and our visitors. We value your input, and I hope that as members of the Kettering Community and of this great University that the information presented in this letter is helpful to you. If you have questions, comments, or thoughts on this issue we welcome you to send them to us at water@kettering.edu.

Introduction

Elevated lead levels have been detected in the water supply in a number of areas in the city of Flint, and these have received significant medical, political, and media attention over the last three months. The State of Michigan officially declared a state of emergency in Flint on January 6, 2016,[2] and the Federal Government followed on January 16, 2016.[3] Federal, state and local officials have now engaged and are taking more aggressive corrective action to address this situation and the public health crisis that has resulted from it. Proudly, many in the Kettering Community have taken a very active role in helping those families and children in Flint impacted by this health crisis since its beginning last year.

The levels of lead found in some areas of Flint are gravely upsetting, but I want again to stress that the problem of lead contamination in public and private drinking water supplies is not present in all of Flint. Unfortunately, this distinction has been absent from much of the reporting on this subject in the media. Reports often imply that the water was tainted at the source (i.e. the Flint River), or that contamination of the water is uniform across the entire distribution system and that every house and business has been equally affected.

I also think it important for us to recognize that this problem is widespread and in fact is not isolated to Flint.[4] For example, I am sad to report, drinking water supply contamination, in some cases at levels far worse than have been found in Flint, has been found in Washington D.C., Seattle, Baltimore, Philadelphia, and Los Angeles among other cities and areas of the country.[5] In Michigan, elevated blood-lead levels have been found in an even higher percentage of children than Flint is experiencing in sections of Jackson, Detroit, Grand Rapids, Saginaw, Holland, and a number of other cities.[6]

The Nature of the Problem

First, the nature and cause of the contamination are reasonably well understood at this point. In brief:

---

[2] http://www.freep.com/story/news/local/michigan/2016/01/05/us-attorneys-office-investigating-lead-flint-water/78303960/

[3] http://www.mlive.com/news/flint/index.ssf/2016/01/president_obama_signs_emergenc.html#incart_2box_news_flint

[4] http://www.cdc.gov/nceh/lead/leadinwater/

[5] ibid., http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5312a6.htm, http://www.washingtonpost.com/wp-dyn/content/article/2009/08/03/AR2009080303003.html, and http://www.yaleseas.com/watersymposium/pdfs/EdwardsLeadPaper.pdf

[6] http://www.crainsdetroit.com/article/20151210/NEWS/151219980/interactive-map-places-with-higher-lead-rates-than-flint

- Historically, the Flint water system used and distributed treated water from Detroit Water Authority. It did so until April 2014, when it switched to treating water from the Flint River in an existing Flint water treatment plant.
- The "raw" river water to which the city switched in April 2014 was not contaminated with lead.
- The water within *some* sections of the distribution network was, however, contaminated *after* the water left the treatment plant by the leaching of metals such as lead, iron, and copper from lead service lines and lines containing lead solder.

After the switch to river water, the City failed to treat the water for corrosivity by managing its chemistry,[7] which lead to the erosion (and release) of lead-bearing pipe scale in supply lines[8] and lead/copper galvanic corrosion of lead solder and lead copper joints in the distribution system.[9] Because raw water quality varies across the US, federal law requires all municipal water systems to have a corrosion control plan to address this possibility; this regulation is known as the Lead and Copper Rule.[10] Flint unfortunately did not have such a plan in place when it switched the water source to the River.

Here I want to stress that the lack of corrosion control did not, in and of itself, make the water unsafe. What it did do, however, is increase the potential for the water to react chemically with certain types of plumbing systems, and in doing so leach lead and other metals (if they were present) from those systems.

And if this isn't enough complexity, the City (out of what I'm sure were benign motives) used a relatively high level of chlorine to treat the river water to prevent bacterial growth in the supply. The unanticipated consequence of this choice, combined with a lack of activated charcoal filtration in the treatment process, led to the subsequent production of elevated levels of trihalomethanes (which are disinfection by-products of water chlorination) in the water, but these were present primarily in areas of the system where the water pooled or moved through the system slowly.

In October of last year, Flint switched its water source back to Detroit Water Authority. It took approximately 3-4 weeks for the Detroit source water to replace fully all of the water in the distribution system. In December, Flint also began introducing additional corrosion control additives to the water supply.[11] It did this expecting that the addition of these additives will, over time, help to rebuild the protective scale on the inside of the parts of the distribution system where it has been damaged.

Not All Areas of Flint were Impacted Equally

The specific mechanisms that gave rise to the contamination of the system mean that **not all areas of the system were equally impacted**. Portions of the system that do not contain lead service lines or lead solder were not as greatly impacted as those that do. Older parts of the

[7] Specifically the chloride-to-sulfate mass ratio in the treated water, which can be influenced by salt entering the source river from runoff or changes in the way that organics are removed in the treatment process. It can also be affected by the use of Ferric Chloride ($FeCl_3$) as a coagulant in the water treatment process. This ratio is typically adjusted by adding lime or orthophosphates in the treatment process, see http://www.waterrf.org/publicreportlibrary/4088.pdf

[8] http://pubs.acs.org/doi/pdfplus/10.1021/es101328u?src=recsys&

[9] http://www.awwa.org/publications/journal-awwa/abstract/articleid/26682.aspx

[10] http://www.epa.gov/dwreginfo/lead-and-copper-rule and http://www.ecfr.gov/cgi-bin/text-idx?SID=531617f923c3de2cbf5d12ae4663f56d&mc=true&node=sp40.23.141.i&rgn=div6

[11] https://www.cityofflint.com/2016/01/10/flint-city-leaders-county-state-officials-announce-relief-effort-expansion/

system, especially sections built in the 1940's through the 1960's[12] that have not been upgraded since their construction are disproportionately vulnerable.[13] Other areas are far less so.

As a consequence, **the presence of lead contamination in the water supply was not uniform across the entire municipal water system, and not all areas of the city or all resident supplies were equally affected by it**.[14]

- The amount of lead that leached into a given part of the system depended upon a variety of factors, including the age of the system in the area, the specifics of its construction (e.g. are lead service lines present), and the time that water typically spends in that part of the system between treatment and use.
    - The levels of lead contamination measured in the water drawn from a particular source point depends upon the characteristics of the infrastructure through which the water passed, and how long it took to do so. **This is why water drawn in some houses on a single block might show measurable lead contamination, while others did not.**[15]
- For the same reason, as I noted earlier, only a percentage of Flint residents have been exposed to water containing elevated levels of lead in their residences or places of business (for information on how lead levels in water are specified and interpreted, see the discussion beginning on page 5).
    - Of the 853 samples of water from Flint homes tested by the Michigan Department of Environmental Quality between September 29, 2015 and January 15, 2016, approximately 92% of the samples had measured lead levels below 15 ppb, 79% registered below 5 ppb.[16]

Kettering's Campus Water Supply and Our Approach to Ensuring its Safety

The municipal water infrastructure that supplies Kettering is relatively modern, the flow-rates of water through the system are high, and we do not have lead-copper transitions in the main supply lines, as do many residences in some areas of the city. All of these factors reduce the chance of contamination in our supply. Even so, the University has taken a number of proactive steps to ensure that the campus drinking and cooking water supplies are free from contamination, a number of which have been described in previous communications to the campus on this issue. These include:

- Since early 2015 (after the switch to river water but before lead contamination was suspected), the University has been engaged in recurring testing of all drinking and food service water distribution points on campus using an independent, certified laboratory (Brighton Analytical, LLC). We will continue to test all drinking and food service water distribution points (and there are almost 100 of these) indefinitely.

[12] In the early part of the last century, many municipal codes *required* the use of lead pipes when connecting homes and businesses to municipal water mains but most codes banned the use of lead pipes by the early 1970's. Chicago, for example, continued to require them as recently as 1986, see: *EPA warns modernizing water system may boost levels of lead*, Chicago Tribune, September 25, 2013. Some major U.S. cities still have 100% piping bringing water from the utilities to homes and businesses, see: https://www.safeplumbing.org/health-safety/lead-in-plumbing.

[13] http://nepis.epa.gov/Exe/ZyPDF.cgi?Dockey=20001R4V.txt

[14] For an example see: https://web.archive.org/web/20160120012739/https://michigan.gov/documents/deq/Copy_of_deq-fw-Flint-Home-Owner-Data-Sept-3-thru_Nov-5-15_505529_7_505579_7.pdf

[15] ibid.

[16] http://www.freep.com/story/news/local/michigan/flint-water-crisis/2016/01/23/flint-lead-levels/79178786/

- We also similarly test incoming water from our (six) Flint Municipal Water system input supply lines.
- All food service water source lines are flushed for a minimum of five minutes prior to use each morning, and only cold water is used, consistent with EPA guidelines.[17]
- We use NSF/ANSI 53 certified filters on all drinking water supplies on campus; these filters are certified to remove lead and trihalomethanes in addition to a wide variety of other contaminants and suspended solids. You may find details on the NSF/ANSI 53 certification standard at nsf.org and on the websites of manufacturers that produce filters conforming to this standard. There are 31 specific performance criteria that fall under Standard 53.
- All of our filters are maintained and replaced at the intervals recommended by their respective manufacturers.
- To be conservative, we shut off all water fountains on campus where the filters for that fountain were located at a significant physical distance from the fountain itself (usually because of space restrictions in the fountain cabinet).

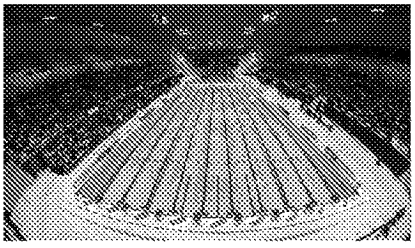
  We did this as a precautionary measure, since it is possible for lead (if, for example lead solder was used in its supply line) to be produced through the interaction of water with plumbing in the supply line *after* it has been filtered *if* that water is allowed to sit undisturbed for a protracted time in the supply line (such as when a water fountain is used very rarely).

We do not test the water used in toilets, bathroom vanities, or showers, **but we do test the sources from which they draw water** (i.e. the input supply lines to campus). **Human skin does not absorb lead in water**, so bathing, washing, or showering is safe even using water containing lead over the EPA's action level.[18] [19] Adults may safely use unfiltered water for brushing their teeth.[20]

In addition, we continue to make improvements to our local system to improve convenience and ensure safety. One of the most visible of these is the replacement of many of our water fountains across campus with hydration stations; this project in fact began a number of years ago. All of our hydration stations are monitored and contain integral NSF/ANSI 53 water filtration systems.

How are Lead Levels in Water Specified and Interpreted?

The concentration of a metal, like lead, in water is often measured in parts per billion, usually denoted **ppb**. A concentration in water of 1 ppb represents one gram, or three one-hundredths of an ounce (3/100 ounce), of a substance in 260,000 *gallons* of water. One ppb is also three seconds out of 100 years. Ten parts per billion (10 ppb) is the equivalent of approximately one teaspoon of water in an Olympic-sized swimming pool.



The EPA has set an action level for lead in drinking water supplies at 15 ppb, and a goal of 0 ppb given its health

[17] EPA 810-F-93-001
[18] http://www.cdc.gov/nceh/lead/tips/water.htm
[19] http://www.michigan.gov/deq/0,4561,7-135-3313_3675_73946-372051--,00.html
[20] http://www.michigan.gov/documents/deq/2015-10-21_-_Lead_-_Flint_Water_FINAL_504265_7.pdf

effects on children.[21] In other words, if drinking water contains lead below the 15 pbb level, EPA regulations state that no action is required.[22]

For reference, the EPA permits faucets to be sold in the U.S. that leach 10 ppb or less of lead into water during a 19-day test.[23] Studies conducted by the EPA have found that the geometric mean of lead levels in drinking water systems in the US is 2.8 ppb.[24]

Results of Our Ongoing Testing

- As of the date of our last test series and over the past many months, we have tested the water drawn from the six input lines to campus a total of 15 times and all tests have resulted in a measured level of "ND" (for "None Detected"), with only three, single-test exceptions. In these three exceptions:
    - One detection was at 1 ppb, one was at 5 ppb, and the other was at 7 ppb. All of these are significantly lower than the EPA's action limit for lead of 15 ppb.[25]
    - These were single point-in-time detections; **later repeat testing of the same distribution points detected no lead**.
- **No lead has ever been detected in any water source used for food preparation.**
- As of the date of our last test series and over the past many months, all drinking water distribution points (e.g. water fountains) on campus have consistently tested "ND" (for "None Detected") for lead, with only six, single-test exceptions in well over one-hundred tests conducted. In these six exceptions:
    - All detections were at levels of less than 5 ppb (1,4,5,2,3 and 2 ppb respectively); all are significantly under the EPA's action limit for lead of 15 ppb.[26]
    - These were single point-in-time detections; **later repeat testing of the same distribution points detected no lead**.

Access to Test Data

We make all results of these tests public. You may always find our latest test results along with other information related to the state of water in Flint at http://www.kettering.edu/water. We will continue to update the test reports on this site as we receive them.

On this same webpage, you will also find a link to PDF copies of the certified assay reports provided to us by our independent laboratory.

We have encouraged our students to speak with their parents or guardians about this issue, and to share with them all communications they receive from us. Copies of all of our communications to students on this matter may also always be found at http://www.kettering.edu/water.

[21] http://www.epa.gov/your-drinking-water/table-regulated-drinking-water-contaminants
[22] http://www.cdc.gov/nceh/lead/tips/water.htm
[23] https://www.safeplumbing.org/health-safety/lead-in-plumbing
[24] Levin R, Schock MR, Marcus AH. Exposure to lead in U.S. drinking water. In: *Proceedings of the 23rd Annual Conference on Trace Substances in Environmental Health.* Cincinnati, OH, US Environmental Protection Agency, 1989.
[25] http://www.cdc.gov/nceh/lead/tips/water.htm
[26] ibid.

More Information

If you have further concerns, I encourage you to read the Centers for Disease Control website on lead contamination of water at http://www.cdc.gov/nceh/lead/leadinwater/ and http://www.cdc.gov/nceh/lead/tips/water.htm as well as the citations in this letter. Additional information is also available on our website at http://www.kettering.edu/water.

If you have technical questions about the campus water supply, they may be directed to Nadine Thor, Director of Auxiliary Services, at nthor@kettering.edu. Questions from students or their families of a more general nature should be directed to Dean Betsy Homsher, Dean of Students, at bhomsher@kettering.edu.

We will of course continue to update the campus as this situation evolves.

Members of the Kettering Community that Live off Campus in Impacted Areas

We have encouraged our students, faculty and staff who live off campus within Flint city limits to use bottled water, to test their water (which also supports the city's data collection and analysis efforts), and to use appropriate water filtration in drinking water sources until notified otherwise by civil authorities.[27]

In the interim, **free bottles of water, water filters, replacement cartridges, and home water testing kits are widely available to all Flint residents.**[28] There are multiple distribution points for these around the city, and the University maintains a supply of filters as well as bottled water in the Office of Student Life for students otherwise unable to obtain them.

Information on the city's distribution of all of these items to residents may be found at www.michigan.gov/deq. Students residing off campus needing assistance in acquiring water, test kits, and/or faucet filters have been encouraged to contact the Office of Student Life at (810) 762-9871.

A Note on Water Clarity

You may see pictures of bottles of rusty or cloudy water in articles on water safety; the same has been true of the reporting surrounding the water crisis in Flint.

The presence of suspended rust in water can turn it orange, red, brown or yellow. The presence of rust in water is not necessarily an indication of the presence of lead or other contaminants in the water, nor does it necessarily indicate that the water is unsafe to drink,[29] but water corrosivity does accelerate the erosion of iron elements in the water system which may discolor the water.[30] In water, lead is colorless, odorless, and tasteless,[31] and the presence of rust in water does not indicate the presence of lead, bacteria, or other substances. Conversely, water may also be clear and yet contaminated with lead or bacteria.

> *On its own, rust in water is not a sign of harmful bacteria or lead. In fact, the limits set by the Environmental Protection Agency (EPA) for iron in drinking*

[27] http://www.michigan.gov/deq/0,4561,7-135-3313_3675_73946---,00.html
[28] http://www.michigan.gov/deq/0,4561,7-135-3313_3675_73946-366279--,00.html
[29] http://www.quincyma.gov/CityOfQuincy_Content/documents/RustyWaterFactSheet.pdf
[30] Iron erosion can also negatively affect the level of free chlorine in the water.
[31] http://extension.psu.edu/natural-resources/water/drinking-water/water-testing/pollutants/lead-in-drinking-water

water are based on aesthetics (taste, odor, color), not safety concerns.[32]

Trapped air (in the form of small bubbles) in the water can also turn it cloudy or milky. Water pipelines are pressurized systems, so any air introduced into the system can remain trapped until the water leaves a faucet. This cloudiness is not indicator of water quality.

The NSF/ANSI 53 water filtration systems we use on campus for all drinking water remove suspended particulates including the iron that can discolor water (known as "turbidity reduction").

Legionella

It has very recently been reported[33] that there were an unusually high number of cases of Legionnaire's Disease seen in Genesee County in 2014-2015.[34] It has also been suggested in the media that this increase related in some way to the switch in the Flint water supply. Roughly half of the cases identified are in individuals who live outside of the city and the Flint municipal water service zone,[35] and a possible causal link between the two has not been established.

We have no evidence of any member of the University community having contracted Legionnaire's Disease.

Legionnaire's Disease is not contracted by drinking water containing *Legionella* nor is it transmitted between individuals. It is not contagious.

Legionnaire's Disease is a form of pneumonia caused by the bacteria *Legionella pneumophila*, and it is treatable with several classes of antibiotics.[36] It has an incubation period of two to ten days. *Legionella* do not survive in water above 140 °F (60 °C). *Legionella* are normally found in rivers, lakes, and streams,[37] and they are normally present in the water systems of large buildings and even in a percentage of residential water systems.[38]

Legionnaire's Disease is primarily contracted by heavy smokers, immunocompromised individuals, and individuals with chronic lung disease[39] through the aspiration of water or the inhalation of water mist contaminated with the *Legionella* bacteria.[40] Even after exposure to *Legionella* most people do not become sick.

Cooling towers for large buildings are frequently cited as potential breeding ground for *Legionella* bacteria if they are not regularly maintained and disinfected.[41] **The University has for many years routinely monitored and disinfected all cooling towers on campus.**

As part of a proactive effort, though, we have also begun ongoing and recurring testing of our water for the presence of *Legionella.* We will take appropriate action (which we will report) if elevated levels of the bacteria are detected in campus water supplies in the future. We will of course publish the results of these tests on http://www.kettering.edu/water when they become available.

---

[32] http://www.berkeleywellness.com/healthy-eating/food-safety/article/rusty-water
[33] http://www.freep.com/story/news/local/michigan/2016/01/13/snyder-flint-area-has-seen-spike-legionnaires/78750610/
[34] http://www.mlive.com/news/flint/index.ssf/2016/01/legionnaires_disease_cases_spi.html
[35] http://media.mlive.com/newsnow_impact/other/Legionellosis+Analysis+Report+20150604.pdf
[36] http://legionella.org/about-the-disease/what-is-legionnaires-disease/treatment/
[37] http://legionella.org/about-the-disease/what-is-legionnaires-disease/legionella-bacteria/
[38] http://legionella.org/faqs/general-public/disease-sources/
[39] http://www.cdc.gov/legionella/about/people-risk.html
[40] http://www.cdc.gov/legionella/about/causes-transmission.html
[41] http://www.cdc.gov/healthywater/other/industrial/cooling_towers.html

Federal Emergency Declaration

On January 16, 2016 and at the request of the state of Michigan, President Obama signed an emergency declaration the purpose of which is to make Federal aid available to the city in support of current filter and water distribution efforts to impacted persons in the city.[42] Substantively, this declaration simply mobilizes the Federal Emergency Management Agency (FEMA) to assist in these efforts and also makes certain federal funds available to the city for the purpose of supporting these activities. As stated in the order, it "is to provide water, water filters, water filter cartridges, water test kits, and other necessary related items for a period of no more than 90 days."[43]

A Kettering Professor (from the Beginning) and Our Students have been and will continue to be Part of the Solution

Last year, Kettering's Mechanical Engineering Professor Laura Sullivan was asked to co-chair Flint's Technical Water Advisory Board and was recently appointed by Mayor Karen Weaver to the Karegnondi Water Authority. This is important work, and through it she makes all of us in the greater Kettering family a key part of the solution. I want to take this opportunity to recognize her and to thank her for her service to Flint and the University.

Our students are some of the most creative in the world, and so we have been and are continuing to organize ways for our students, often in teams, to solve some of the challenging and unforeseen problems that have arisen in the distribution and installation of filters in affected areas of Flint. These efforts not only take advantage of the expertise and ingenuity of our students but they are also consistent with Kettering's ongoing commitment to Flint. We will make information on these efforts available on http://www.kettering.edu/water as it becomes available.

Please know that we are deploying every resource at our disposal to ensure the safety of our entire campus community and our visitors, and we will continue to work with federal, state, and local officials to help create long-term solutions to these problems. We value your input, and I hope that as valued members of the Kettering Community and of this great University that this letter has been helpful to you. If you have questions, comments, or thoughts on this issue or the University's response to it please send them to us at water@kettering.edu.

Thank you.

Warmest Regards,

Dr. Robert K. McMahan
President

[42] http://www.mlive.com/news/flint/index.ssf/2016/01/president_obama_signs_emergenc.html
[43] ibid.

Message

Sent: 2/2/2016 10:34:18 AM
To: Doll, Jeanette (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b93ffc078be649d0a8aa0c386d7b73f1-Doll Jeanette]
Subject: RE: Flint Parking IssueFrom

Hi Jeanette,

Just as an FYI, I had our laborer go out and check [redacted] for an orange parking cone and there is not one at spot [redacted] I was double checking our markings just in case a mistake was made. I had him double check the entire list and all is correct with map as far as the making cones.

From: Doll, Jeanette (DTMB)
Sent: Tuesday, February 02, 2016 10:28 AM
To: Tefft, Niki (DTMB) <tefftn@michigan.gov>
Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Wright, Edward (DTMB) <WrightE@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: RE: Flint Parking IssueFrom

Thank you!

From: Tefft, Niki (DTMB)
Sent: Tuesday, February 2, 2016 10:13 AM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>
Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Wright, Edward (DTMB) <WrightE@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: RE: Flint Parking IssueFrom

Guys-

See below.

Attached is a map with the designated FEMA spaces highlighted.

Thank you.

Niki Tefft, Crew Leader

DTMB- Cybersecurity & Infrastructure Protection

Customer Service Center & Parking

Office: 517.373.3420

Fax: 517.241.4658

DTMB
HELP. CONNECT. SOLVE.

From: Doll, Jeanette (DTMB)
Sent: Tuesday, February 02, 2016 10:06 AM
To: Tefft, Niki (DTMB); Noonan, Michael (DTMB)
Cc: Pratt, Jeff (DTMB); McKee, Ryan (DTMB)
Subject: RE: Flint Parking IssueFrom

According to Michelle she parked in a spot labeled Flint Water. Can someone confirm the correct spots are marked?

From: Tefft, Niki (DTMB)
Sent: Tuesday, February 2, 2016 10:00 AM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>
Cc: Pratt, Jeff (DTMB) <prattj@michigan.gov>; McKee, Ryan (DTMB) <mckeer1@michigan.gov>
Subject: Flint Parking IssueFrom

Vehicle [redacted] is parked in customer's reserved space [redacted] The vehicle is registered to [redacted] & [redacted]

Can one of you assist getting this vehicle moved?

Please and thank you.

Thank you.

Niki Tefft, Crew Leader

DTMB- Cybersecurity & Infrastructure Protection

Customer Service Center & Parking

Office: 517.373.3420

Fax: 517.241.4658

DTMB
HELP. CONNECT. SOLVE.

Sent: Friday, February 05, 2016 2:35 PM
To: Noonan, Michael (DTMB);Wright, Edward (DTMB)
Subject: RE: Flint Water - Documenting Time

I guess all I would have is Ed's overtime and Culligon water bills, which I think you sent already. We did have those door lock and handles from FBH but we have not been invoiced yet.

From: Noonan, Michael (DTMB)
Sent: Friday, February 05, 2016 1:06 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>; Wright, Edward (DTMB) <WrightE@michigan.gov>
Subject: Fwd: Flint Water - Documenting Time

Need time and any expense you may have please

Sent from my iPhone

Begin forwarded message:
From: "Hengesbach, Dane (DTMB)" <hengesbachd@michigan.gov>
Date: February 5, 2016 at 12:43:52 PM EST
To: "Noonan, Michael (DTMB)" <noonanm@michigan.gov>
Subject: RE: Flint Water - Documenting Time Any luck getting this information?

I would need any support costs expenses as well.

Thanks.

From: Noonan, Michael (DTMB)
Sent: Monday, January 25, 2016 8:41 AM
To: Hengesbach, Dane (DTMB) <hengesbachd@michigan.gov>
Subject: Re: Flint Water - Documenting Time

Yes we will get them to you

Sent from my iPhone

On Jan 25, 2016, at 8:18 AM, Hengesbach, Dane (DTMB) <hengesbachd@michigan.gov> wrote:
Mike, I was told you and some of your employees have been assisting in Flint. I was asked for an estimate of expenses we have incurred for the help we provided in Flint. Have you and your employees been documenting any time or purchases made over the past few weeks?

I would need regular hours as well as any overtime that were directly associated with the Flint water problems.

Sent: Monday, February 08, 2016 3:13 PM
To: Matt Hawley-Summit
Subject: RE: Saginaw State Office Building signs

Hi Matt,

Looking at the color matching chart it appears the closet blue to the color signs we already have on site at the Saginaw Facility is 3X1-501. Thanks for the patients!

Brian

From: Matt Hawley-Summit [mailto:matt@summitadvertising.com]
Sent: Tuesday, February 02, 2016 7:52 AM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs

I just wanted to make sure I didn't miss something somewhere.
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200
----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Monday, February 01, 2016 9:17 PM
Subject: Re: Saginaw State Office Building signs

I did Matt and did receive the color match for the Saginaw facility. It has been so crazy at the Flint Facility with the Flint water crisis that I haven't got a chance to do much of anything at Saginaw lately. So sorry for the delay and lack of communication. I will get back organized on the signage issues at the facilities and let you know how the color looks. Thanks I will be in touch soon.

Brian

Sent from my iPhone

On Feb 1, 2016, at 6:15 PM, Matt Hawley-Summit <matt@summitadvertising.com> wrote:
Brian,
Did you get these emails regarding the color?
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200
----- Original Message -----
From: Matt Hawley-Summit
To: Walts, Brian (DTMB)

Sent: Thursday, December 31, 2015 10:40 AM
Subject: Re: Saginaw State Office Building signs

Hi Brian,
Just following up on the color chart I sent..Did you get it? Any match for the Blue?
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200
----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Monday, December 21, 2015 6:13 PM
Subject: Re: Saginaw State Office Building signs

Sure.

Saginaw State Office Building
DTMB
411 E. Genesee St.
Saginaw Mi 48607
Attention Brian Walts

Sent from my iPhone

On Dec 21, 2015, at 5:33 PM, Matt Hawley-Summit <matt@summitadvertising.com> wrote:
Brian,
I would like to send a color chart....Can I get a mailing address for you or someone at the Saginaw office so they can match the color? I assume we need to match the Blue in the photo?
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200
----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley-Summit
Sent: Monday, December 21, 2015 4:39 PM
Subject: RE: Saginaw State Office Building signs

Thanks Matt, attached is signed. Have a great Holiday!! Probable have something for Flint either the end of this week or sometime next week.
Brian
From: Matt Hawley-Summit [mailto:matt@summitadvertising.com]
Sent: Monday, December 21, 2015 3:55 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs Brian, Attached is the quote for Saginaw..I understand some signs need to match and have frames but if we can do without the frames it would save a decent amount of $$ for each sign type..Just thought I would let you know. As soon as you approve the quote I want to send you a color sample chart to match up the Blue as shown in your photo and provide you with drawings for your approval.

Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200
----- Original Message -----
From: Walts, Brian (DTMB)
To: Matt Hawley
Sent: Monday, December 21, 2015 3:29 PM
Subject: RE: Saginaw State Office Building signs Ok, great we will need that for the big orders for sure!! Let me know when you are set up! Thanks Matt have a great Holiday Season!
Brian
From: Matt Hawley [mailto:matt@summitadvertising.com]
Sent: Monday, December 21, 2015 2:36 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs Sorry ..Just checks..I am in the process of setting up with the State on the website now
From: Walts, Brian (DTMB)
Sent: Monday, December 21, 2015 2:32 PM
To: Matt Hawley-Summit
Subject: RE: Saginaw State Office Building signs Ok sounds good! Do you take credit card payments like for the Treasury sign invoice?
From: Matt Hawley-Summit [mailto:matt@summitadvertising.com]
Sent: Monday, December 21, 2015 2:11 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: Re: Saginaw State Office Building signs Hi Brian, I am waiting on some frame info..Will have the Saginaw sign quote to you by tomorrow.
Thanks,
Matt Hawley
Summit Advertising
Ph: 616.874.8000
Fax: 616.874.8200
----- Original Message -----
From: Walts, Brian (DTMB)
To: matt@summitadvertising.com
Sent: Tuesday, December 15, 2015 11:28 AM
Subject: Saginaw State Office Building signs Good Morning Matt, I am still working at putting together the Flint Office signs but have a few we need for the Saginaw State Office Building. I took a picture of the color and style we would like to match and size can be what fits best for the wording added.

1. Workers Compensation and Unemployment Appeals (can be 3 lines stacked)
2. Michigan Rehabilitation Services (2 lines stacked with an arrow under wording pointing towards Michigan)
3. DHHS Waiting Room (long or stacked whichever looks best)
4. DTMB 1st Floor Conference Room (2 lines stacked)
5. DTMB Conference Room C (2 lines stacked)
6. Conference Room A (long or stacked)
7. Conference Room B (Long or stacked)
8. MI Department of Licensing and Regulatory Affairs
MIOSHA
General Industry Safety and Health Division
District # 2 Saginaw (4 lines stacked)

Thanks Matt any questions just give me a call!

Brian Walts
Building Trades Supervisor
DTMB - Building Operation Division
517-202-1960

From: WaltsB@michigan.gov
Sent: Wednesday, January 27, 2016 3:42 PM
To: Lach, Adam (DTMB)
Cc: Noonan, Michael (DTMB);Kenneth C. LeMiesz;Rodney Smith;Parker, Daniel (DTMB);Miller, Jan (DTMB)
Subject: Re: Current Proposed Schedule from FSOB

Hi Adam,

The Flint Building is being used as a central point for organizers of the Flint water crises, so extra planning will have to take place to make sure we can allow their access every day and all hours through the night. I am confident it can be worked out but planning is different now that other functions are taking place at the facility. We certainly want Mike involved during this planning. Let's plan to cover all items tomorrow please. We can't have no surprises or delays come regular business hours.

Thanks,
Brian

Sent from my iPhone

On Jan 27, 2016, at 3:26 PM, Lach, Adam (DTMB) <LachA@michigan.gov> wrote:

Good Afternoon Team-

Please find the current schedule for the FSOB. I have asked for Tony of B&B to review the Main Lobby as it obviously needs to be turned over ASAP. B&B will present this at tomorrow's meeting.

Also, we asked for B&B to provide a draft narrative for the floor finishing of the Main Lobby and wanted to share their initial thoughts:

Items which would be of specific import to the SOM are in red.-

<!--[if !supportLists]-->1. <!--[endif]-->Thursday-
<!--[if !supportLists]-->· <!--[endif]-->(07:00 - 15:30)- Terra Bella will grind the floors in the "construction" portion of the North Lobby. This will involve noise, perhaps a "dusty smell". No health risks of any kind will be presented to occupants. We must be allowed to perform this task un-interrupted to retain the plan for the rest of the weekend.
<!--[if !supportLists]-->· <!--[endif]-->(17:00 - Midnight)- Inside temporary partition will be demolished and removed.

<!--[if !supportLists]-->2. <!--[endif]-->Friday-
<!--[if !supportLists]-->· <!--[endif]--> (07:00 – 15:30)- As the partition will be down, No substantial construction activity will take place in the lobby during this time frame. The SOM needs to keep all visitors, employees and tenants off of the portion of floor which was ground the night prior. Should this floor get walked on and become dirty, the process will need to be repeated.
<!--[if !supportLists]-->· <!--[endif]-->(17:00 - ?)- Terra Bella will grind the newly available portion of the lobby floor (i.e. where the guard's desk currently sits). The guards will need to vacate the area at 17:00 on Friday night, and they,

along with any other SOM employees, contractors, and tenants, cannot return until the next business day after the weekend.
<!--[if !supportLists]-->· <!--[endif]-->After the grinding and cleaning is complete, Terra Bella will apply the first coat of sealant to the floor.

<!--[if !supportLists]-->3. <!--[endif]-->Saturday-
<!--[if !supportLists]-->· <!--[endif]-->(07:00- TBD)- Terra Bella will apply subsequent coats and polish as necessary.

<!--[if !supportLists]-->4. <!--[endif]-->Sunday-
<!--[if !supportLists]-->· <!--[endif]-->(???)- Reserved if necessary.

<!--[if !supportLists]-->5. <!--[endif]-->Monday-
<!--[if !supportLists]-->· <!--[endif]-->SOM can return to the area

Note: After this is complete, and we have removed the partition, there will still be work that needs to be performed in the North lobby (such as Kiosk/security desk). This work was not bid to be performed after hours.

Adam P. Lach, RA, LEED AP
State of Michigan
DTMB FBSA Design and Construction Division Project Field Representative
517.898.2524

<image001.gif>

<SMBCprog15.5.pdf>

From: Walts, Brian (DTMB)
Sent: Wednesday, January 07, 2015 10:15 AM
To: Martin, Ric (DTMB)
Subject: Re: City of Flint Drinking Water

Sure will

Brian Walts
Department of Technology, Management, and Budget
East zone - Crew Leader
Cell: (517) 202-1960

On Jan 7, 2015, at 10:13 AM, "Martin, Ric (DTMB)" <MartinR3@michigan.gov> wrote:

> That works. Can you call me when you get back?
>
> Thanks.
>
> Ric
>
> **Ric Martin**
> Communications and Organizational Specialist
> FBSA – Building Operations Division
> Dept of Technology, Management & Budget
> 517-284-7959 office
> 517-281-0891 cell

From: Walts, Brian (DTMB)
Sent: Wednesday, January 07, 2015 10:10 AM
To: Martin, Ric (DTMB)
Subject: Re: City of Flint Drinking Water

Ric,

I am out right now picking the coolers up and will be back in 20 min or so and will send it over. Talk to you in a bit if ok.

Brian Walts
Department of Technology, Management, and Budget
East zone - Crew Leader
Cell: (517) 202-1960

On Jan 7, 2015, at 10:07 AM, "Martin, Ric (DTMB)" <MartinR3@michigan.gov> wrote:

> Good morning, Brian,

Can you please send me a copy of the original communication and an estimate of when you will have water coolers in place?

Thanks.

Ric

From: Scates, Larry (DTMB)
Sent: Tuesday, January 06, 2015 7:59 PM
To: Noonan, Michael (DTMB)
Cc: Walts, Brian (DTMB); Paasch, Keith (DTMB); Uphaus, Jamie (DTMB)
Subject: Re: City of Flint Drinking Water

Thanks Mike and Brian for the information and quick response. We will discuss our next step in the morning.

Sent from my iPhone

On Jan 6, 2015, at 7:52 PM, Noonan, Michael (DTMB) <noonanm@michigan.gov> wrote:

> Great information Brian!
>
> Larry as you know I will be off the rest off the week but I always have my phone on.
>
> Brian's license and background is one of those that the department does not cover but comes in very handy and would be a minimal cost to our department if we very decided to cover it.
>
> Again there is a pallet of water at the facility cost was under $230 so be proactive is always a good thing.
>
> Michael Noonan
>
> Facility Supervisor
>
> East Zone 517-373-6227
>
> On Jan 6, 2015, at 6:54 PM, "Walts, Brian (DTMB)" <WaltsB@michigan.gov> wrote:
>
> > Team,
> >
> > With my background in potable water I thought it would be worth sharing some information I have gained over the years to help make a plan on how to address the news release concerning the City of Flint Drinking Water. The violation in the water test samples, in this case, only requires the supplier to inform its user of the

elevated contamination above the set standard. In this case it does not make the water unsafe to drink only that it could be an issue with prolonged ingestion. Given our transient population and a new notification the possibility of anyone having an issue is extremely low or DEQ would require a no drinking notice instead of MCL violation notice. Mike does have staff going to get a pallet of bottle water and we will post these notices around the building to help with the notification requirements but the problem with this violation is that it is caused in part by the chlorine the City of Flint uses to disinfect the water they supply and is essential for their safe operation, so we may be dealing with this type of notice for several months until they can adjust their operational practices. In the release it says they plan is to have it corrected sometime in 2015. My concern is what we start to provide we will probably have to continue until the contaminant level is lowered. We are not required at this time to boil or provide any alternative drinking water but if we do I suggest we use the bigger water coolers and place one on every occupied floor by the drinking fountains along with the violation notification. With the floors under renovation that would only be 4 units maybe a couple more if we wanted 2 on a floor. One company I made contact with would rent the dispenser for $8.00 per month and charge us $5.50 per 5 gallon container of water when delivered. We could also choose to post the notification by our drinking fountains and do nothing else but considering the cost I would prefer setting up the water coolers. I will make contact with the City of Flint Water Plant and try to get a better date for a correction of the problem and shop a couple of other potable water suppliers for the best price. Please let me know what direction you think we should go and I will forward any other information to you as I receive it. I hope the information helps!

Thanks,
Brian

From: Walts, Brian (DTMB)
Sent: Wednesday, January 07, 2015 12:25 PM
To: Paasch, Keith (DTMB);Scates, Larry (DTMB);Uphaus, Jamie (DTMB);Noonan, Michael (DTMB);Martin, Ric (DTMB)
Subject: Flint SOB drinking water notice action
Attachments: Flint SOB Drinking water action.JPG

Team,

We have the notices posted and the new water dispensers have been installed at all the drinking fountain locations at the Flint State Office Building in reaction to the City of Flints notice of a violation in the drinking water standard for the water they supply to our Flint Facility. Please see photo attached. The potable water vendor couldn't deliver till Friday so we pick up the equipment and installed to avoid any extra disruption this issue may cause our tenants and visitors to the building. We worked the vendor for a new customer price so the first month rent on the dispensers was free and will only be $7.00 per month after that with a price of $4.00 per 5 gallon container of water. I have made contact with the City of Flint Water Department to gain more information on the corrective action plan and possibly the time line to correct the issue but they were unable to provide any more information at this time. Please let me know if more action is necessary and I will keep everyone posted if I hear any new information on this issue.

Thank you,
Brian

From: Walts, Brian (DTMB)
Sent: Wednesday, January 07, 2015 3:08 PM
To: Scates, Larry (DTMB)
Cc: Turner, David (DHS)
Subject: RE: City of Flint WATER

The facility I called is Culligan of Flint 5383 Hill 23 Drive Flint MI 48507
810.232.1117 989. 752.1234
800.747.1107

I talk to a gentleman named Dave from Culligan this morning and he set everything up at the office for me to pick up, his number is 810.252.7502.

Hope it helps,
Brian

From: Scates, Larry (DTMB)
Sent: Wednesday, January 07, 2015 2:04 PM
To: Walts, Brian (DTMB)
Cc: Turner, David (DHS)
Subject: FW: City of Flint WATER

Hey Brian,

Do you have a name and number for Culligan we can give to Dave Turner?

Larry Scates
Departmental Manager, Secondary Complex/Outstates
DTMB, Facilities and Business Services Administration
Building Operations Division
scatesl@michigan.gov.

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 1:39 PM
To: Mose, Sandi Kay (DHS)
Cc: Scates, Larry (DTMB)
Subject: RE: City of Flint WATER

No – You may have to call Absopure and Culligan to get prices on delivering to Clio Rd. and McCree. DTMB arraigned for delivery for the State Office Building Only.

Larry – Do you have contact information on Culligan?

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Mose, Sandi Kay (DHS)
Sent: Wednesday, January 07, 2015 1:25 PM
To: Turner, David (DHS)
Subject: RE: City of Flint WATER

Do you have any information on delivery to Clio Road or McCree?

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 11:08 AM
To: Bos, Troy (DTMB); Scates, Larry (DTMB)
Cc: Spitzley, Troy (DTMB); Paasch, Keith (DTMB); Mose, Sandi Kay (DHS); Rauch, Randy (DHS); Warner, Kurt (DHS)
Subject: RE: City of Flint WATER

Thanks for your help on this! It is my understanding that there will be Culligan water coolers delivered in the next couple of days to the occupied floors at the Flint State Office Building.

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48909
Desk - 517-241-9790; Mobile - 517-243-0453

From: Bos, Troy (DTMB)
Sent: Wednesday, January 07, 2015 10:17 AM
To: Scates, Larry (DTMB)
Cc: Spitzley, Troy (DTMB); Turner, David (DHS); Paasch, Keith (DTMB)
Subject: FW: City of Flint WATER

Forward

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 10:06 AM
To: Bos, Troy (DTMB)
Cc: Warner, Kurt (DHS)
Subject: FW: City of Flint WATER

See attached. Apparently this is a long-term issue that keeps coming up in Flint. I have instructed our leased facilities to get water coolers (Absopure for example) until we feel that this problem has been resolved adequately and we are sure that this isn't a long-term issue.

I am requesting that DTMB provide the same for the Flint State Office Building.

Thanks,

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48909
Desk - 517-241-9790; Mobile - 517-243-0453

From: Mose, Sandi Kay (DHS)
Sent: Wednesday, January 07, 2015 9:08 AM
To: Turner, David (DHS)
Subject: RE: City of Flint WATER

The notices listed on the City of Flint website are attached.
If you do a search on MLive for City of Flint water, you will see articles dating back 5 years. If you want these also, let me know.

From: Turner, David (DHS)
Sent: Wednesday, January 07, 2015 8:03 AM
To: Mose, Sandi Kay (DHS)
Subject: RE: City of Flint WATER

I agree – just forwarded it from DTMB Real Estate.

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Mose, Sandi Kay (DHS)
Sent: Tuesday, January 06, 2015 4:56 PM
To: Turner, David (DHS); Rauch, Randy (DHS)
Cc: Holloway, Michelle (DHS); Roubal, Lewis (DHS); KnispelC, Cynthia Ann (DHS); Reinke, Nancy Lee (DHS); Fountain, Tracey (DHS)
Subject: RE: City of Flint WATER

David,

Thanks for forwarding this information.

Just a couple of items to point out.

1) The attached notice entitled *Flint Water.pdf* says that the water is not unsafe. It states:

   "What should I do?
   - There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are the elderly. In that case, you may be at increased risk and should seek advice about drinking water from your healthcare provider.
   - **You do not need to boil your water or take other corrective actions.** If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

   What does this mean?
   This is not an emergency. If it had been an emergency, you would have been notified within 24 hours…"

2) The press release attached indicates that this notice was sent due to test results for a period ending 11/30/14.

Sandi

Sandi Mose
County Director
Genesee County DHS
125 E. Union Street
PO Box 1629
Flint, MI 48501
Office (810) 760-2645

Cell (810) 347-6257
Fax (810) 760-2984

From: Turner, David (DHS)
Sent: Tuesday, January 06, 2015 4:14 PM
To: Mose, Sandi Kay (DHS); Rauch, Randy (DHS)
Cc: Holloway, Michelle (DHS); Roubal, Lewis (DHS)
Subject: FW: City of Flint WATER

FYI

David C. Turner
Deputy Director, Bureau of Organizational Services
Michigan Department of Human Services
235 S. Grand Ave., Suite 1210, Lansing, Michigan 48908
Desk - 517-241-9790; Mobile - 517-243-0453

From: Bailey, Maureen (DTMB)
Sent: Tuesday, January 06, 2015 3:42 PM
To: Bos, Troy (DTMB); Warner, Kurt (DHS); Turner, David (DHS); Holloway, Michelle (DHS); Moyer, Susan (DHS); Brownell, Suzanne (DCH); Pasch, Kami K. (MDOC); Thomas, David (LARA); Thelen, Ethan (LARA); Spitzley, Troy (DTMB); Davlantes, Alex (MDE); 'modym@michigan.gov'; Fay, Kathleen (MSP); Badgero, William (MDOS); Algren, Keli (DMVA)
Subject: FW: City of Flint WATER

Flint water is unsafe.

From: Walts, Brian (DTMB)
Sent: Thursday, January 08, 2015 1:08 PM
To: Martin, Ric (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

I'm afraid not, the very last changed and updated schedule showed the skywalk to open and be turned over to the owner was 12/12/14 and the south front entrance 12/29/14 and those dates didn't happen adding to our frustration. The next scheduled progress meeting is 01/15/15 maybe some new dates then??

From: Martin, Ric (DTMB)
Sent: Thursday, January 08, 2015 12:52 PM
To: Walts, Brian (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Do we have a new estimated completion date?

Ric Martin
Communications and Organizational Specialist
FBSA – Building Operations Division
Dept of Technology, Management & Budget
517-284-7959 office
517-281-0891 cell

From: Walts, Brian (DTMB)
Sent: Thursday, January 08, 2015 12:44 PM
To: Martin, Ric (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Sorry Ric, didn't see to the second email. Not sure of the overall schedule due to some initial changes and time extension but the main area of concern to the tenants was the front entrance and skywalk and those areas are around 6 months past their original completion date after adjustments was made to the first original schedule for those areas and is the second winter building tenants had to travel outside and around the building to the north entrance to enter the building. Lots of concerns with that from building tenants and to us due the fact of securing tenant safety. Lots of negative stuff with renovation project have to mix in some positive. LOL!

Brian

From: Martin, Ric (DTMB)
Sent: Thursday, January 08, 2015 12:10 PM
To: Walts, Brian (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Also, exactly how far behind are we on this project?

Ric Martin

Communications and Organizational Specialist
FBSA – Building Operations Division
Dept of Technology, Management & Budget
517-284-7959 office
517-281-0891 cell

From: Walts, Brian (DTMB)
Sent: Thursday, January 08, 2015 11:45 AM
To: Martin, Ric (DTMB)
Subject: RE: Due 1/8 at noon: DEQ or DHS APM Info

Ric,

Mr. Behen could discuss the recent Flint potable water issue with DEQ, since they regulate drinking water, just to make sure we did what they would recommend as well as discuss areas of improvements with how we reacted in case it happens in the future. I am nervous with DHS here in Flint due to the lack of progress with the renovation and how it has inconvenience the tenants but on a positive note he could mention how we did go above what was expected by supplying drinking water to the facility after the recent City of Flint water notification. Maybe it best not to bring up either whatever you think is best just thought I would share.

Thanks,
Brian

From: Martin, Ric (DTMB)
Sent: Wednesday, January 07, 2015 10:12 AM
To: Bierwagen, Bob (DTMB); Brennan, Kirk (DTMB); Broderick, Frank (DTMB); Chadwick, Patrick (DTMB); Church, Douglas (DTMB); Cooper, Zachary (DTMB); Davis, Glenn (DTMB); Davis, Scott (DTMB); Doty, Steven (DTMB); Droste, Kerri (DTMB); Droste, Neal (DTMB); Franklin, Larry (DTMB); Goodrich, Sarah (DTMB); Harlan, Philip (DTMB); Holsinger, Michael (DTMB); Jensen, Bethanie (DTMB); Johnson, Benjamin (DTMB); Keeder, Gerald (DTMB); Kimball, Arthur (DTMB); Klotz, Clinton (DTMB); Martin, Ric (DTMB); Mayes, Holly (DTMB); Noonan, Michael (DTMB); Paasch, Keith (DTMB); Pattison, Brandon (DTMB); Peake, Kyle (DTMB); Perry, Todd (DTMB); Rankin, Chris (DTMB); Robinson, Harle (DTMB); Ross, Rodney (DTMB); Ruff, Robert (DTMB); Scates, Larry (DTMB); Sullivan, Rick (DTMB); Uphaus, Jamie (DTMB); Vettese, Elio (DTMB); Walts, Brian (DTMB)
Cc: Droste, Kerri (DTMB)
Subject: Due 1/8 at noon: DEQ or DHS APM Info

Good morning,

If you have any items regarding DEQ or DHS that Phil Jeffery and David Behen should be briefed for their upcoming meeting, please send it to me by noon, tomorrow – Thursday, January 8.

Thanks.

Ric

From: Walts, Brian (DTMB)
Sent: Wednesday, February 11, 2015 10:25 AM
To: Relerford, Dennis (DTMB)
Subject: Fwd: I hate to bother you .....

Dennis please take care of these ASAP. Let me know if you are not into work yet and I will pass to Ed!!

Brian Walts
Department of Technology, Management, and Budget
East zone - Crew Leader
Cell: (517) 202-1960

Begin forwarded message:

> **From:** "Noonan, Michael (DTMB)" <noonanm@michigan.gov>
> **Date:** February 11, 2015 at 10:17:09 AM EST
> **To:** "Walts, Brian (DTMB)" <WaltsB@michigan.gov>, "Relerford, Dennis (DTMB)" <RelerfordD@michigan.gov>
> **Subject: Fwd: I hate to bother you .....**
>
> FYI
>
> Michael Noonan
>
> Facility Supervisor
>
> East Zone 517-373-6227
>
> Begin forwarded message:
>
> > **From:** "Shuk, Gary (DHS)" <ShukG@michigan.gov>
> > **Date:** February 11, 2015 at 10:15:39 AM EST
> > **To:** "Noonan, Michael (DTMB)" <noonanm@michigan.gov>
> > **Subject: I hate to bother you .....**
> >
> > Are there any more Culligan water bottles in the Flint SOB? The dispenser on the 7th floor has been empty for 2 days and the natives are beginning to get restless.
> >
> > Thanks!!
> >
> > Gary, OIG

From: Walts, Brian (DTMB)
Sent: Tuesday, March 03, 2015 2:45 PM
To: McKee, Ryan (DTMB)
Subject: RE: Approved signer for DTMB0624 access request

Glad to help keep them on track☺ No the city is still trying to find an alternative and cost effective way to treat their water or maybe go as far as bring in another source. I heard the City received some extra funding so we will see if the they put it to good use. I am guessing it will be mid to late summer before we hear much information on a corrective plan. Have a great week Ryan!

Brian

From: McKee, Ryan (DTMB)
Sent: Tuesday, March 03, 2015 2:34 PM
To: Walts, Brian (DTMB)
Subject: RE: Approved signer for DTMB0624 access request

Thanks for the support Brian! Greatly appreciated.

Jeanette wanted to know if you guys are done with your water issues in Flint.

Thank you,

Ryan McKee
DTMB Cybersecurity & Infrastructure Protection
Office of Infrastructure Protection
p: (517) 241-3356
e: mckeer1@michigan.gov

From: Walts, Brian (DTMB)
Sent: Tuesday, March 3, 2015 2:20 PM
To: Smith, Vickie (DHS)
Cc: Milks, Michael (DHS); McKee, Ryan (DTMB)
Subject: FW: Approved signer for DTMB0624 access request

Vickie,

Please see the email below from Ryan for the path the DTMB-0626 must follow for all the proper approvals and notifications.

Thank you,
Brian

From: McKee, Ryan (DTMB)
Sent: Friday, February 20, 2015 2:40 PM

To: Milks, Michael (DHS)
Cc: Starling, Demetrius (DHS); Walts, Brian (DTMB)
Subject: RE: Approved signer for DTMB0624 access request

Mr. Milks,

Attached is the DTMB-0626 Authorized Representative Signature Sheet for your use. To add/remove DTMB-0624 Authorized Representatives, complete the attached form and send to Kurt Warner, Human Services Authorized Signature Authority, for approval. Once complete, send the approved form to my attention at the Joint Operations Center, 615 W. Allegan, Lansing MI.

If you have any questions, please let me know.

Thank you,

Ryan McKee
DTMB Cybersecurity & Infrastructure Protection
Office of Infrastructure Protection
p: (517) 241-3356
e: mckeer1@michigan.gov

From: Milks, Michael (DHS)
Sent: Friday, February 20, 2015 2:11 PM
To: Walts, Brian (DTMB)
Cc: McKee, Ryan (DTMB); Starling, Demetrius (DHS)
Subject: RE: Approved signer for DTMB0624 access request

Thanks Brian, we would want our WOC DM to have this ability as well, I have cc'd Demetrius on this email.

From: Walts, Brian (DTMB)
Sent: Friday, February 20, 2015 1:46 PM
To: Milks, Michael (DHS)
Cc: McKee, Ryan (DTMB)
Subject: Approved signer for DTMB0624 access request

Mike,

Ryan McKee with DTMB should be able to direct you on how you can become an approved signer for access request for DHS. I have included him in this email for your reference.

Thank you,
Brian

From: Walts, Brian (DTMB)
Sent: Monday, March 09, 2015 4:30 PM
To: Fedewa, Denise (DTMB)
Subject: FW: Flint SOB drinking water notice action
Attachments: Flint SOB Drinking water action.JPG

Denise,

The City of Flint put out a notice of an MCL violation for the drinking water that is used at the Flint State Office Building. Instead of taking the chance with any issues concerning the water to our public and staff it was decided to add water coolers throughout the building until the City can correct their water issue. Hope the information helps, let me know if more explanation is needed.

Thanks,
Brian

From: Walts, Brian (DTMB)
Sent: Wednesday, January 07, 2015 12:22 PM
To: Paasch, Keith (DTMB); Scates, Larry (DTMB); 'Uphaus, Jamie (DTMB)'; Noonan, Michael (DTMB); Martin, Ric (DTMB)
Subject: Flint SOB drinking water notice action

Team,

We have the notices posted and the new water dispensers have been installed at all the drinking fountain locations at the Flint State Office Building in reaction to the City of Flints notice of a violation in the drinking water standard for the water they supply to our Flint Facility. Please see photo attached. The potable water vendor couldn't deliver till Friday so we pick up the equipment and installed to avoid any extra disruption this issue may cause our tenants and visitors to the building. We worked the vendor for a new customer price so the first month rent on the dispensers was free and will only be $7.00 per month after that with a price of $4.00 per 5 gallon container of water. I have made contact with the City of Flint Water Department to gain more information on the corrective action plan and possibly the time line to correct the issue but they were unable to provide any more information at this time. Please let me know if more action is necessary and I will keep everyone posted if I hear any new information on this issue.

Thank you,
Brian

From: Walts, Brian (DTMB)
Sent: Tuesday, April 07, 2015 12:32 PM
To: Relerford, Dennis (DTMB)
Subject: Fwd: water

This is yours Dennis

Brian Walts
Department of Technology, Management, and Budget
East zone - Crew Leader
Cell: (517) 202-1960

Begin forwarded message:

> **From:** "Prusa, Melynda (DHS)" <PrusaM@michigan.gov>
> **Date:** April 7, 2015 at 11:42:48 AM EDT
> **To:** "Walts, Brian (DTMB)" <WaltsB@michigan.gov>, "Wright, Edward (DTMB)" <WrightE@michigan.gov>
> **Subject: water**
>
> Hello ☺
>
> Workers are complaining there is no drinking water on 2 by the restroom.
>
> *Mindy Prusa*
> *Genesee County, Children's District*
> *125 E. Union St.*
> *Flint, MI 48502*
>
> *Office: 810-760-2297*
> *Fax: 810-760-2984*
> *Email: prusam@michigan.gov*

CREDIT CARD RECEIPT

State® Chemical Solutions
5915 Landerbrook Drive, Suite 300
Mayfield Heights, Ohio 44124
www.statechemical.com
Phone: 440-565-5555 • 866-747-2229
State Chemical Solutions is a Division of State Industrial Products

Document No.	Document Date	Due Date
[redacted]	05/27/2015	06/11/2015

If you would like to receive your invoice via fax, please contact our Customer Service Department.
Your Fax number on file is: 810-760-2486
Our Customer Service Phone number is: 1-800-782-2436

BILL TO:
Customer No.: [redacted]

FLINT STATE OFFICE BUILDING

125 E UNION
FLINT, MI 48502
USA

SHIP TO:
Ship-To No.: **328128**

FLINT STATE OFFICE BUILDING

125 E UNION
FLINT, MI 48502

Certified System™
ISO 9001
ISO 14001
QMI-SAI Global

001010

Customer P.O.: **VISA CC** | Sales Order: [redacted] | Delivery: [redacted]

Your Account Manager: [redacted] **THOMAS REED LINDBLOOM**

Open Qty	Ord Qty	Ship Qty	UM	Item	Description	Unit Price	Extended Price
0	1	1	EA	112936	COPPER CORROSION COUPON	100.000	100.00
0	1	1	EA	112937	STEEL CORROSION COUPON	100.000	100.00
0	1	1	EA	113852	PK10 BACTERIA TEST KIT	60.000	60.00

1. IMPORTANT: Please return remittance portion of invoice with your payment. To assure proper credit to your account, ALWAYS include your customer number, invoice number, and amount paid with your remittance.
2. All shipments FOB nearest warehouse.
3. Claims for shortage or damaged goods must be made within 5 days after receipt of goods.
4. No returns without written authorization.
5. If you have any questions regarding this invoice please contact us at 1-800-782-2436.

Credit Card Receipt -- DO NOT PAY

Net Sales	Shipping&Processing	Sales Tax	TOTAL
260.00	9.68	0.00	269.68

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7 and 12 of the Fair Labor Standards Act as amended, and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.

FED. TAX I.D. NO.
34-0552740

PAY NO MONEY TO AGENTS

All tax exempt customers must submit tax exempt certificate with payment.

FOR CHEMICAL EMERGENCY SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CALL CHEMTREC -- DAY OR NIGHT (800) 424-9300

CREDIT CARD RECEIPT -- DO NOT PAY

* Invoice No.*	Due Date	Customer No.	Salescode	TOTAL DUE
[redacted]	Paid	[redacted]	[redacted]	0.00

Credit Card Information

Merchant ID : [redacted]
Merchant Name: State Chemical
VISA [redacted] 11/30/2016
Auth Number : [redacted]

From: Walts, Brian (DTMB)
Sent: Tuesday, October 06, 2015 11:08 AM
To: Martin, Ric (DTMB)
Subject: RE: Water dispenser installation

Yes, a little crazy in Flint these days!! Always a hot topic to be talked about!! See you tomorrow!!

From: Martin, Ric (DTMB)
Sent: Tuesday, October 06, 2015 10:53 AM
To: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>
Cc: Scates, Larry (DTMB) <scatesl@michigan.gov>
Subject: RE: Water dispenser installation

Wow. That's crazy. Guess Erin B has some pull.

From: Noonan, Michael (DTMB)
Sent: Friday, October 2, 2015 7:10 PM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Cc: Scates, Larry (DTMB) <scatesl@michigan.gov>; Martin, Ric (DTMB) <MartinR3@michigan.gov>
Subject: Re: Water dispenser installation

Good job Brian,

It's all over every news station even national.

Sent from my iPhone

On Oct 2, 2015, at 2:22 PM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:

> Good Friday Afternoon Team,
>
> For a reference email, all drinking water dispensers have been installed and are in operation on all occupied floor lobby areas for tenant and customer use. It has been 1 week since providing the city with our building water to be tested so I am expecting to hear something back the first of next week. Stay tuned and I will give an update as we receive further information.
>
> Thanks,
> Brian

From: Walts, Brian (DTMB)
Sent: Wednesday, October 07, 2015 5:02 PM
To: Lawler, Bernard (DHHS)
Subject: Re: Water Purifiers

Got it :)

Brian Walts
Department of Technology, Management, and Budget
East zone - Crew Leader
Cell: (517) 202-1960

On Oct 7, 2015, at 3:58 PM, "Lawler, Bernard (DHHS)" <LawlerB@michigan.gov> wrote:

> Add coffee and tea to the list.
>
> Bernard Lawler, MPA, BS
> Children Services Section Manager
> Michigan Department of Human Services
> 125 East Union St. Flint, MI 48502
> Phone: (810) 760-7336
> lawlerb@michigan.gov
>
> ---
>
> **From:** Walts, Brian (DTMB)
> **Sent:** Wednesday, October 07, 2015 2:36 PM
> **To:** Lawler, Bernard (DHHS); Noonan, Michael (DTMB)
> **Cc:** Milks, Michael (DHHS); Mose, Sandi Kay (DHHS); Starling, Demetrius (DHHS); Fountain, Tracey (DHHS); LeFear, Kimberlee (DHHS); Thompson-Seales, Yvonne M. (DHHS); Wright, Edward (DTMB); Scates, Larry (DTMB)
> **Subject:** RE: Water Purifiers
>
> Thanks Bernard the information will help. I will research the request. I will be back in touch.
>
> Brian
>
> ---
>
> **From:** Lawler, Bernard (DHHS)
> **Sent:** Wednesday, October 07, 2015 2:14 PM
> **To:** Walts, Brian (DTMB) <WaltsB@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>
> **Cc:** Milks, Michael (DHHS) <MilksM@michigan.gov>; Mose, Sandi Kay (DHHS) <MoseS@michigan.gov>; Starling, Demetrius (DHHS) <StarlingD@michigan.gov>; Fountain, Tracey (DHHS) <FountainT@michigan.gov>; LeFear, Kimberlee (DHHS) <LeFearK@michigan.gov>; Thompson-Seales, Yvonne M. (DHHS) <Thompson-SealesY@michigan.gov>; Wright, Edward (DTMB) <WrightE@michigan.gov>; Scates, Larry (DTMB) <scatesl@michigan.gov>
> **Subject:** RE: Water Purifiers
>
> Also Brian
>
> Staff use the water to micro wave dishes like oatmeal, noodles, etc.

Bernard Lawler, MPA, BS
Children Services Section Manager
Michigan Department of Human Services
125 East Union St. Flint, MI 48502
Phone: (810) 760-7336
lawlerb@michigan.gov

From: Walts, Brian (DTMB)
Sent: Wednesday, October 07, 2015 1:17 PM
To: Lawler, Bernard (DHHS); Noonan, Michael (DTMB)
Cc: Milks, Michael (DHHS); Mose, Sandi Kay (DHHS); Starling, Demetrius (DHHS); Fountain, Tracey (DHHS); LeFear, Kimberlee (DHHS); Thompson-Seales, Yvonne M. (DHHS); Wright, Edward (DTMB); Scates, Larry (DTMB)
Subject: RE: Water Purifiers

Hi Bernard and Team,

We will definitely consider the installation. I would like to investigate a little more on the type and approximant flow capacity of the unit to be installed. These type of filters tend to accumulate impurities as they are designed to do but without proper maintenance can create other bacteria and microorganisms that are just as or more harmful then what your trying to filter. They are a good product for what they do but are not a devices that can be installed and forgotten. I will be at the Flint Facility tomorrow and will grab a unit to inspect. Maybe if the rep is still on site I can meet with them as well. Do you think staff would utilize the faucet water if a unit was installed? Any extra information would be helpful as a decision is made.

Thank you,
Brian

From: Lawler, Bernard (DHHS)
Sent: Wednesday, October 07, 2015 9:26 AM
To: Noonan, Michael (DTMB) <noonanm@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>
Cc: Milks, Michael (DHHS) <MilksM@michigan.gov>; Mose, Sandi Kay (DHHS) <MoseS@michigan.gov>; Starling, Demetrius (DHHS) <StarlingD@michigan.gov>; Fountain, Tracey (DHHS) <FountainT@michigan.gov>; LeFear, Kimberlee (DHHS) <LeFearK@michigan.gov>; Thompson-Seales, Yvonne M. (DHHS) <Thompson-SealesY@michigan.gov>
Subject: Water Purifiers

Mike/Brian

We are requesting that you consider putting water purifiers in each of our breakroom faucets. Please let us know if this will be possible.

Thank you for the consideration

Bernard Lawler, MPA, BS
Children Services Section Manager
Michigan Department of Human Services
125 East Union St. Flint, MI 48502
Phone: (810) 760-7336
lawlerb@michigan.gov

From: Walts, Brian (DTMB)
Sent: Friday, October 09, 2015 10:12 AM
To: Brewer, Marlene M. (DHHS)
Subject: Re: 6th Floor Water Cooler is EMPTY

Ok I will send a replacement. Thank you and have a great weekend!

Brian Walts
Department of Technology, Management, and Budget
East zone - Crew Leader
Cell: (517) 202-1960

On Oct 9, 2015, at 9:43 AM, "Brewer, Marlene M. (DHHS)" <BrewerM@michigan.gov> wrote:

> The water cooler on the 6th floor is empty. Thanks.
>
> ---
>
> **From:** Brewer, Marlene M. (DHHS)
> **Sent:** Friday, October 09, 2015 9:43 AM
> **To:** Czechowski, Alana (DHHS)
> **Subject:** RE: water
>
> The water coolers are handled by DTMB. I will let them know.
>
> ---
>
> **From:** Czechowski, Alana (DHHS)
> **Sent:** Friday, October 09, 2015 9:42 AM
> **To:** Brewer, Marlene M. (DHHS)
> **Subject:** water
>
> Marlene.
> The water container on the 6th floor is empty. Where are the containers kept? I would be glad to go and get one and change it out.
>
> Alana Czechowski, ES
> Genesee County / Union Street District
> 125 E. Union Street / PO Box 1615
> Flint, MI 48501
> Ph# 810-760-2342
> Fax# 517-346-9888

From: Walts, Brian (DTMB)
Sent: Thursday, October 15, 2015 12:28 PM
To: Martin, Ric (DTMB)
Subject: RE: NEWS UPDATE--Flint Water Funds Head To Snyder

Thanks Ric

From: Martin, Ric (DTMB)
Sent: Thursday, October 15, 2015 12:20 PM
To: Scates, Larry (DTMB) <scatesl@michigan.gov>; Noonan, Michael (DTMB) <noonanm@michigan.gov>; Paasch, Keith (DTMB) <paaschK@michigan.gov>; Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: FW: NEWS UPDATE--Flint Water Funds Head To Snyder

More news

From: gongwerreports@gongwer.com [mailto:gongwerreports@gongwer.com]
Sent: Thursday, October 15, 2015 10:56 AM
To: Michigan_State_Employees_updates@gongwer.com
Subject: NEWS UPDATE--Flint Water Funds Head To Snyder

Thursday, October 15, 2015, 10:56 AM

Flint Water Funds Head To Snyder

The Senate wasted no time in approving today more than $9 million to help pay for temporarily returning the city of Flint to the Detroit water system and fund additional staffing in the city's schools to gauge the exposure to lead.

The fix came with unanimous passage of HB 4102, a supplemental appropriations bill the House passed late Wednesday.

The bill allocates $6 million to get the city back on Detroit's water system; $300,000 for the Department of Environmental Quality's drinking water and environmental health services; $1 million for the department's laboratory services; $1 million for Department of Health and Human Services emergency services to purchase and distribute water to Flint residents; $850,000 for follow-up services for children, including lead testing and care for those with abnormal levels; and $200,000 for plumbing inspections.

Senate Minority Leader Jim Ananich (D-Flint) expressed thanks for his colleagues' support in the matter. The move to pump water for the city from the Flint River without proper corrosion controls allowed lead in service lines and welds to leach into the drinking water at levels beyond those requiring remediation.

Gongwer News Service will have more on this story in Thursday's Michigan Report.

Please send all correspondence to gongwer@gongwer.com This mailbox is not regularly monitored.

Copyright, 2015, Gongwer News Service, Inc. All Rights Reserved. This message and any attachments may not be forwarded or reproduced without express permission from Gongwer News Service.

Message

From: Walts, Brian (DTMB) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D1B98C3693CD4F80B49FE733B48D260C-WALTS BRIAN]
Sent: 1/11/2016 11:57:56 AM
To: Mose, Sandi Kay (DHHS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e9798cf891749f4a98cf7ad655701e7-Mose Sandi Kay]
Subject: RE: Clio Rd Facility

No it was perfect☺ thank you!

From: Mose, Sandi Kay (DHHS)
Sent: Monday, January 11, 2016 11:57 AM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: RE: Clio Rd Facility

The room referenced below will hold about 60.

We do have another room that holds maybe 20.

But that is it.

Sorry for the level of detail (obviously you know what is going on at Union Street DTMB building and the security). I thought I was emailing Brian Wilson in Lansing...too many emails going back and forth on water needs!

From: Mose, Sandi Kay (DHHS)
Sent: Monday, January 11, 2016 11:51 AM
To: Walts, Brian (DTMB) <WaltsB@michigan.gov>
Subject: RE: Clio Rd Facility

We have a large conference room located at the Clio Road district (which is about 15 minutes drive from the current location of 125 E. Union Street).

Clio Road district is located at 4809 Clio Road.

[redacted]

Reservations for this room can be requested through the district manager secretary, Sharon Matthews.

Let me know if you need further information.

From: Walts, Brian (DTMB)
Sent: Monday, January 11, 2016 11:47 AM
To: Mose, Sandi Kay (DHHS) <MoseS@michigan.gov>
Subject: Clio Rd Facility

Sandi,

The new PIO that are stationed at the Flint Facility are looking for a big conference room to hold Media meetings in. So far they do not see one at our Flint Facility that they feel will work. It was mentioned that the Clio Rd may have some big conference rooms and that the facility is well laid out. My question, is there a few big conference rooms at that facility? What is the address of that Clio Rd Building? How do they book any conference rooms? Any information will help. It may work for them or maybe not but we would like to share the information and let them inspect and decide.

Thanks,

Brian Walts

Building Trades Supervisor

DTMB - Building Operation Division

517-202-1960

DTMB
HELP. CONNECT. SOLVE.

From: Walts, Brian (DTMB)
Sent: Friday, January 22, 2016 8:49 AM
To: Mose, Sandi Kay (DHHS)
Subject: Re: 5th floor space

Yes agreed, the parking office set up 25 spots upstairs so those folks will be moving up today what's left should go offsite. It was identified as a real issue yesterday for sure.

Thanks,
Brian

Sent .from my iPhone

> On Jan 22, 2016, at 8:38 AM, Mose, Sandi Kay (DHHS) <MoseS@michigan.gov> wrote:
>
> FYI - This is starting to impact our parking for our clients in the basement (as I am sure you are aware).
> Perhaps, our guests need to park in the flat lot.
>
> -----Original Message-----
> From: Walts, Brian (DTMB)
> Sent: Friday, January 22, 2016 7:50 AM
> To: Mose, Sandi Kay (DHHS) <MoseS@michigan.gov>; Fountain, Tracey (DHHS) <FountainT@michigan.gov>
> Cc: Noonan, Michael (DTMB) <noonanm@michigan.gov>
> Subject: 5th floor space
>
> Good Morning Sandi and Tracey,
>
> If you could do me a favor and only let the bare essential staff to work on the 5th floor in the old civil rights area today. With the arrival of the 2 big groups to address the Flint water issues space is going to be a real concern. Please don't panic on me yet, my thinking is they will only need a little extra room then the 3 conference rooms we provided so your new extra staff will still have space but until I see what their needs are I wouldn't know. I should have it figured out by noon or so and will stop down to talk. My guess is they will only need about 5 open cubicles leaving the balance for your teams. Anything you can do will be great!
>
> Thanks,
> Brian
>
>
>
> Sent from my iPhone

From: Walts, Brian (DTMB)
Sent: Friday, January 29, 2016 6:11 AM
To: Mose, Sandi Kay (DHHS)
Subject: Re: parking space for Amanda

I will check on it today. I will get back with you once I get some answers.

Thanks,
Brian

Sent from my iPhone

On Jan 29, 2016, at 6:03 AM, Mose, Sandi Kay (DHHS) <MoseS@michigan.gov> wrote:

> Brian,
>
> There appears to be no parking for staff available in the parking structure?
>
> Note - I anticipate another staffing increase due to the water crisis.
>
> Sandi

From: Fountain, Tracey (DHHS)
Sent: Friday, January 29, 2016 5:03 AM
To: Mose, Sandi Kay (DHHS)
Subject: FW: parking space for Amanda

fyi

From: McCliggott, Kelly (DHHS)
Sent: Thursday, January 28, 2016 5:26 PM
To: Fountain, Tracey (DHHS) <FountainT@michigan.gov>
Cc: Stapleton, Beverly A. (DHHS) <StapletonB2@michigan.gov>; Hill, Etoyia (DHHS) <HillE8@michigan.gov>
Subject: parking space for Amanda

Tracey,
Amanda reports on Monday morning 2/1/2016, along with Kiera Thompson in Etoyia's team. Amanda contacted Lansing about parking was told that there is no space's available and she would be placed on a waiting list. They also cannot park in the U of M lot or they would receive a ticket. I have advised Amanda to park in the client lot that first day, but she cannot continue to park there and we need to know of the alternatives that would be within a safe walking distance for her.
Kelly

KELLY MCCLIGGOTT
AP SUPERVISOR
GENESEE COUNTY DHS
UNION STREET DISTRICT
125 E. UNION STREET
PO BOX 1615
FLINT MI 48501
810-760-7306

From: Walts, Brian (DTMB)
Sent: Friday, February 19, 2016 7:41 AM
To: Lindbloom, Thomas
Subject: Re: Water Test Analysis

Ok thanks! Have a great weekend!

Sent from my iPhone

On Feb 19, 2016, at 7:37 AM, Lindbloom, Thomas <tlindbloom@statechemical.com> wrote:

> Not now...we put those in once CT season starts
>
> Tom Lindbloom, Senior Account Manager
> State Industrial Products
> (313) 408-6867
> tlindbloom@statechemical.com
>
> On Feb 19, 2016, at 7:35 AM, Walts, Brian (DTMB) <WaltsB@michigan.gov> wrote:
>
> > Thanks Tom. Do we still have the metal test stripes in place for corrosion testing??
> >
> > Sent from my iPhone
> >
> > On Feb 18, 2016, at 8:41 PM, Lindbloom, Thomas <tlindbloom@statechemical.com> wrote:
> >
> > > Brian,
> > >
> > > Attached please find the two tests conducted by our lab. I also asked our field water specialist to review the results and he found the following;
> > >
> > > From the tests we ran, it looks like a good quality city water resembling that of Detroit or Great Lakes water. The iron levels in both samples were typical of such water.
> > >
> > > Our tests did not look into bacteria or such but this can be done with a dip test kit (which is on site at both locations) as well as thru a drinking water specific lab.
> > >
> > > We were not able to run a test for lead but as I mentioned earlier, the results of the tests we ran indicated good quality.
> > >
> > > Please let me know if there is anything else we can do.
> > >
> > > Thanks,
> > >
> > > Tom Lindbloom, Senior Account Manager

State Industrial Products

(313) 408-6867

tlindbloom@statechemical.com

<Flint State Office.xls>
<Saginaw State BLDG.xls>

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Friday, January 22, 2016 12:57 PM
To: Wonn, Michael (DTMB)
Subject: "He's his own best spokesman"

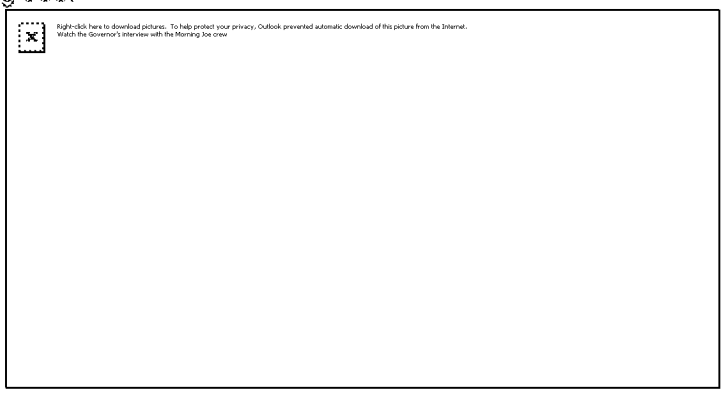
HOME | BLOG | CONTACTS | FACEBOOK | TWITTER | INSTAGRAM

How we are fixing the Flint water crsis

Governor Rick Snyder has committed to spending the rest of his time as Governor to fixing the Flint water crisis. Over the last few days, he has sat down to explain what happened and how we're fixing the Flint water crisis. Watch the interviews below and be sure to read the Governor's Op-Ed in the USA Today.

Governor Snyder on Morning Joe

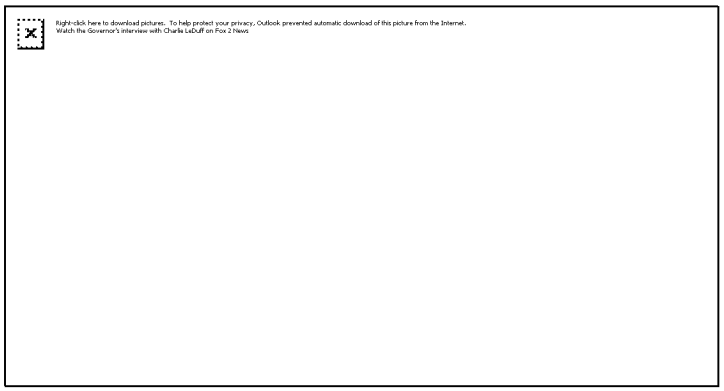
"What is so frustrating and what makes you so angry is you have a handful of experts who were career civil servants that made terrible decisions, in my view. We have to live with the consequences, and they worked for me, so I accept that responsibility. We are going to fix this problem." Watch Governor Snyder address how we are fixing the Flint water crisis on Morning Joe.



Governor Snyder with Charlie LeDuff on Fox 2 Detroit

"I feel awful about this. These are people. They've been harmed. You can't feel good about that. The people of Flint have been harmed and a major influence of that harm

came from people who worked for me, and I feel responsible for that. But I am committed to solving the problem and addressing the damage as much as possible for the rest of the time I'm Governor." Watch Governor Snyder address the Flint water crisis with Charlie LeDuff on Fox 2 News.

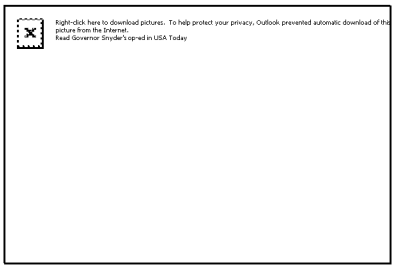


Governor Snyder's 2016 State of the State

"Michiganders don't quit, we don't give up, instead we will work with even more passion and commitment to truly improve our state. For everyone who's chosen to make Michigan their home, this is more than a promise, this is my commitment." Watch Governor Snyder's full closing statement from his 2016 State of the State address.



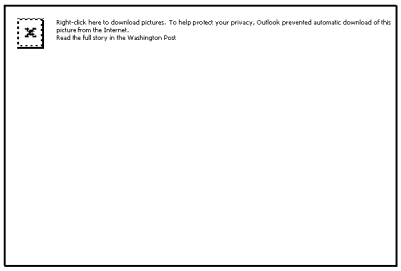
Governor in USA Today: "I will fix this, and I mean it."



"Residents in one of Michigan's proud cities cannot drink their water. That's unacceptable. The crisis in Flint arose from missteps at all levels of government — local, state and federal. But as governor, I take responsibility for what these families are going through, and I'm holding people in my administration accountable for their failures." Click here to read the Governor's full op-ed.

Washington Post: "Michigan Gov. Rick Snyder is in a tough spot, but he's his own best spokesman"

Snyder has born the brunt of criticism in the local health crisis that has turned into a national scandal. But unlike many other politicians facing crises of leadership, Snyder may also be his own best counter-programming. Click here to read the full story in the Washington Post.



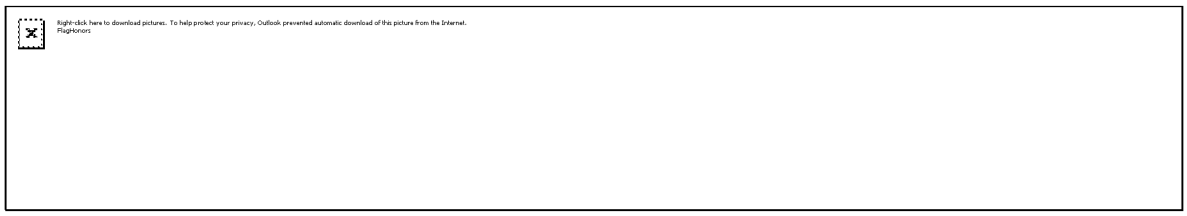
Visit HelpForFlint.com to learn how you can help Flint residents.

STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to wonnm@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Friday, January 29, 2016 10:00 AM
To: Wonn, Michael (DTMB)
Subject: Thank you for your service



THANK YOU!

Fellow employees,

Each day, more than 46,000 state of Michigan employees come to work with the confidence and commitment to make Michigan a better place to live, work and play. I appreciate the way you care about the citizens we serve, and how it is reflected in the work that you do.

As you have heard from me and the media, our reputation and trust can be severely impacted when people do not make good decisions, or use good judgment in solving problems. That principle is universal, but never more so than when public health is at stake. What happened in Flint can never be allowed to happen again anywhere in our state.

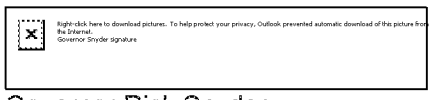
I know that you want to work in a place where employee input is valued, efforts are recognized, and teams are always striving for continuous improvement. That's why we introduced employee surveys, Bureaucracy Busters and other reinvention initiatives. We want and deserve a culture of innovation, continuous improvement and employee engagement at every level. We can never take for granted how important the people are who depend on us to do our jobs, and I am asking you not to let the situation in Flint negatively impact your motivation to excel every day.

Many of you have taken an interest in helping the citizens of Flint on your own time, and I'd like to take this opportunity to recognize and thank those who have volunteered over the last couple of weekends. You have worked tirelessly to deliver cases of bottled water, water filters, replacement cartridges and water testing kits to the families in need. I appreciate you donating your time to help our fellow Michiganders. To date, more than 37,000 homes have been visited by one of our water resource teams.

For employees who would like to further help the people of Flint, please visit www.HelpForFlint.com to learn how you can do so. For additional information and to sign up for daily updates, please visit www.mi.gov/FlintWater. I am committed to ensuring that all residents have access to safe and clean water.

Again, I'd like to express my gratitude for the work you do every day to continuously improve our state and earn the trust of those you serve. You make a real difference.

Thanks,



Governor Rick Snyder

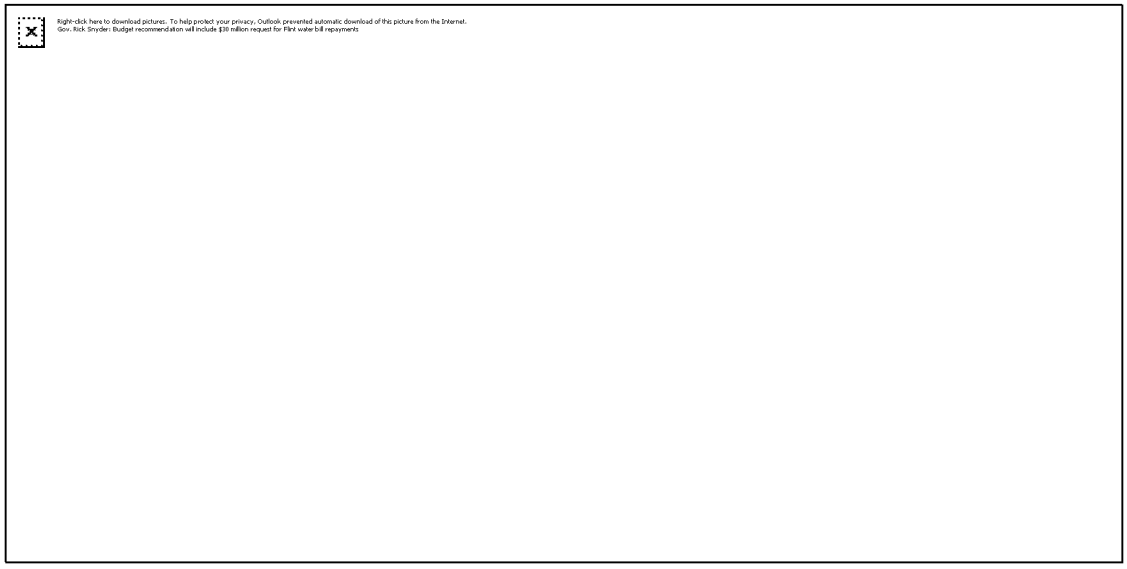
Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.
Photos of state employees volunteering

STAY CONNECTED:

This email was sent to wonnm@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Wednesday, February 03, 2016 6:20 PM
To: Wonn, Michael (DTMB)
Subject: "Flint residents should not have to pay for water they cannot drink"

Budget recommendation will include $30 million request for Flint water bill repayments



When Governor Rick Snyder presents his budget recommendation next Wednesday, Feb. 10, he will include a $30 million request for the residents of Flint to keep their water service on and eliminate the need to pay for water they cannot completely trust to drink.

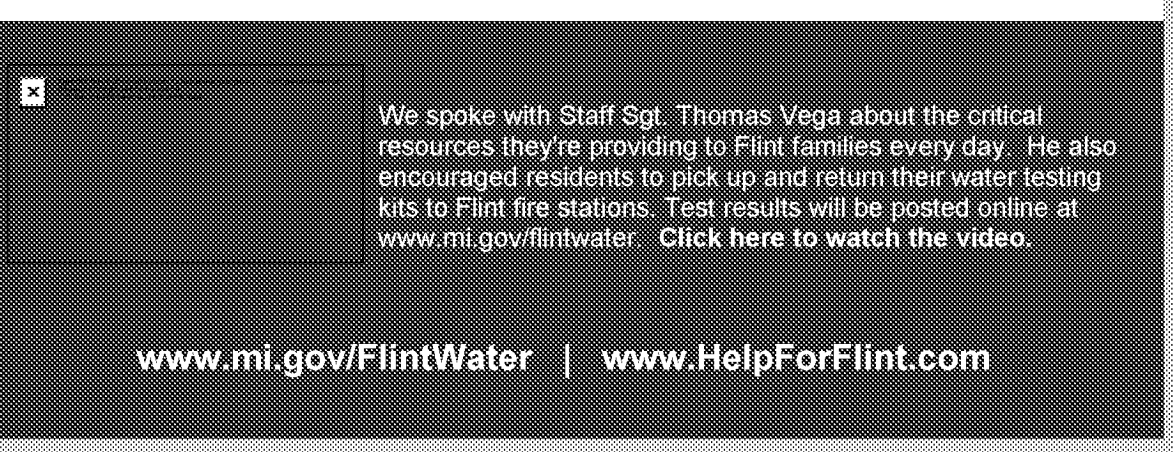
Under the governor's ask, the funding would enable the city of Flint to apply credits for customers on future bills. Estimates show water is roughly 47 percent of billing and sewer costs are around 53 percent. The credit would be applied to consumption usage (roughly

65 percent) of a resident's water portion of the bill, such as for bathing, drinking, cooking, and washing your hands. Residents still would be responsible for paying the sewer portion of their water bills.

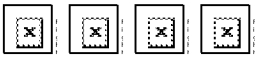
Professor Marc Edwards of Virginia Tech said, "This essentially refunds all the money associated with consumption or consumer use. I think it's an amazing gesture of common sense and good will and it corrects an injustice. I don't think there's a precedent for this. I feel so encouraged by the direction this is going."

Click here to learn more about the budget request.





STAY CONNECTED:



SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to wonnm@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

Sent: Friday, February 05, 2016 11:35 AM
To: Doll, Jeanette (DTMB)
Cc: Millimaki, Shelly (DTMB)
Subject: RE: Drivers

I have a MDOC truck that should be ready to go either today or Monday depending on when they complete repairs at Knapheide in Flint.

From: Doll, Jeanette (DTMB)
Sent: Friday, February 05, 2016 11:09 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Millimaki, Shelly (DTMB) <MillimakiS@michigan.gov>
Subject: RE: Drivers

Thanks Mike!

Shelly's two drivers were assisting with the food bank. If I were able to obtain any trucks to help the food bank next week would you have another driver?

Shelly – truck that hit the fire station this morning was a MDOC employee.

Jeanette

From: Wonn, Michael (DTMB)
Sent: Friday, February 5, 2016 11:01 AM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>
Cc: Millimaki, Shelly (DTMB) <MillimakiS@michigan.gov>
Subject: RE: Drivers

These three drivers are good for the next two weeks. I'll contact you if anything changes.

I don't know where each are assigned so I can't tell you who is working with the foodbank.

From: Doll, Jeanette (DTMB)
Sent: Friday, February 05, 2016 10:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Millimaki, Shelly (DTMB) <MillimakiS@michigan.gov>
Subject: RE: Drivers

I was just asked to see about retaining drivers for the next 2 weeks!

Can you tell me who is assisting the foodbank (Monday – Saturday)?

From: Wonn, Michael (DTMB)
Sent: Friday, February 5, 2016 9:29 AM
To: Doll, Jeanette (DTMB) <dollj@michigan.gov>
Subject: RE: Drivers

Good Morning Jeanette,

Bill Selleck and John Patterson will be continuing for next week. Kevin Moe will be replaced with Brian Aprill. Brian will not need a hotel.

From: Doll, Jeanette (DTMB)
Sent: Friday, February 05, 2016 9:15 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Millimaki, Shelly (DTMB) <MillimakiS@michigan.gov>
Subject: Drivers

Good Morning –

Any update on drivers for next week?

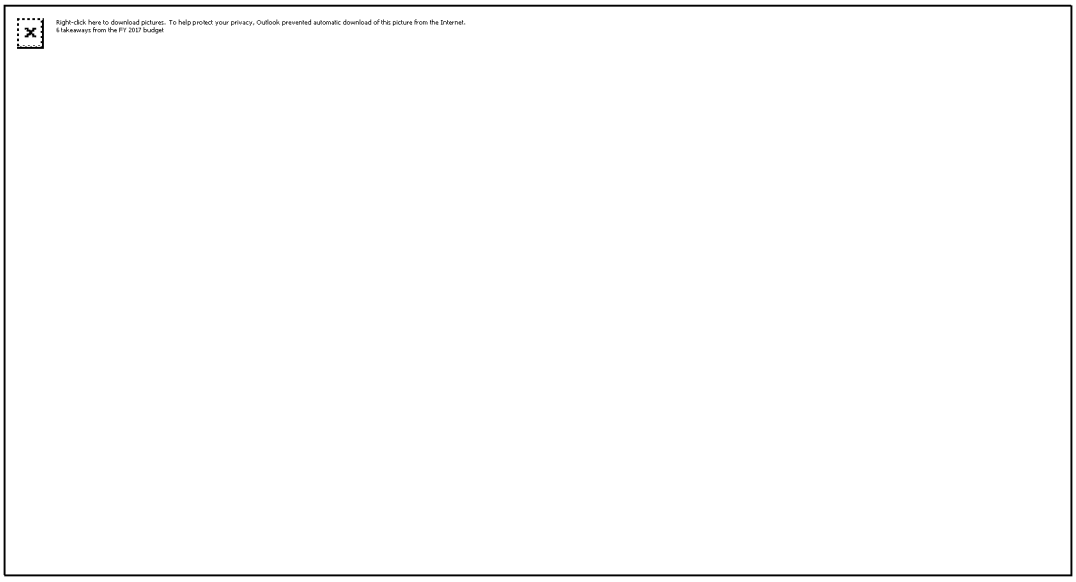
Bill Selleck called me yesterday and asked that I extend his hotel reservation until February 14.

Jeanette

Jeanette Doll, Professional Emergency Manager MI Dept. of Technology, Management & Budget Emergency Management Coordinator
(517) 373-2231 Office
(517) 719-8763 Cell

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Thursday, February 11, 2016 5:47 PM
To: Wonn, Michael (DTMB)
Subject: What this year's budget means for Michigan...

VIDEO: What Governor Snyder's FY17 budget means for Michigan



Gov. Rick Snyder's FY 2017 budget calls for critical investments for the Flint water crisis, statewide infrastructure and the Detroit Public Schools. The governor's recommendation also addresses the skyrocketing costs of specialty medications that Michigan residents depend on for better health outcomes.

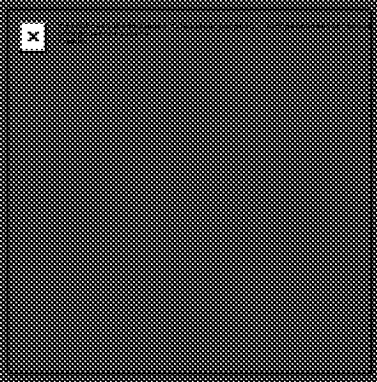
This budget also stays committed to the Governor's core statewide priorities of education, talent and economic development, health and human services, and public safety.

The proposed FY 2017 budget makes key investments to strengthen the state for all of

Michigan's families. Click here to learn more about the top 6 takeaways from the Governor's FY 2017 state budget.



Click a tweet to tweet it out:



The #MIBudget @OneToughNerd proposed yesterday makes key investments to strengthen Michigan for all families --> www.mi.gov/MIBudget

--> @OneToughNerd's #MIBudget includes $72 million a year for Detroit Public Schools. It is time to act now -- > www.mi.gov/MIBudget

--> @onetoughnerd's significant investment in #Flint families is the right thing to do. #FlintFWD #MIBudget www.mi.gov/MIBudget

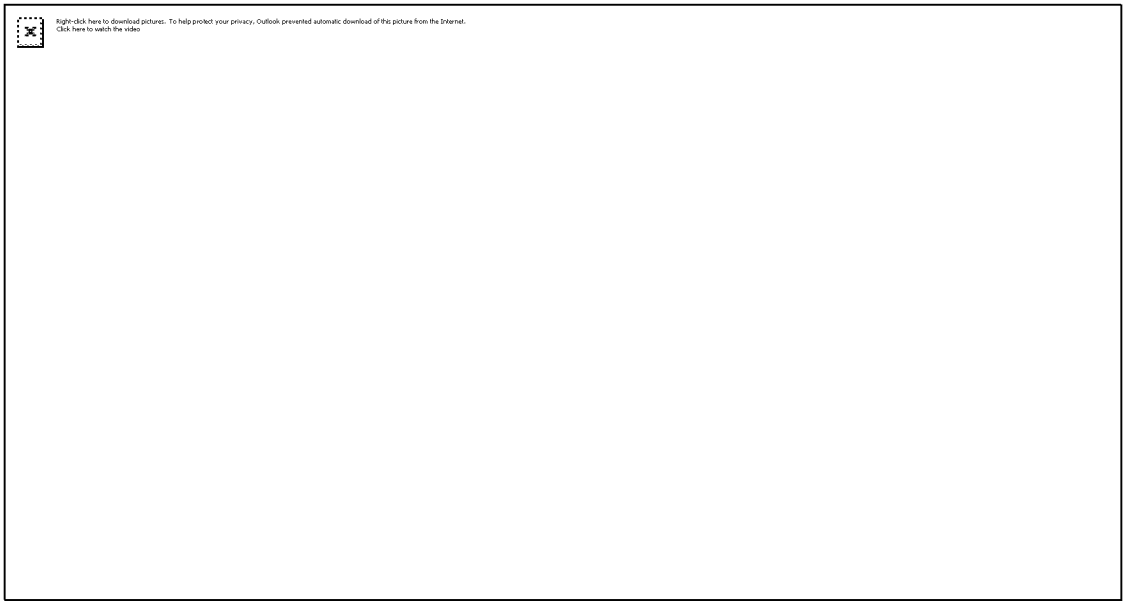
STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to wonnm@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

From: Governor's Office <governorsoffice@govsubscriptions.michigan.gov>
Sent: Tuesday, February 16, 2016 5:21 PM
To: Wonn, Michael (DTMB)
Subject: VIDEO: Volunteering in Flint

VIDEO: How volunteers are helping Flint



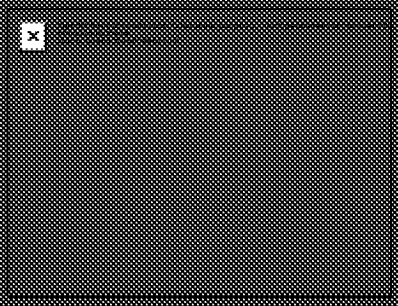
Volunteers at the Food Bank of Eastern Michigan are working hard to collect donations in order to help the families of Flint. Last Thursday, Governor Snyder visited with the many dedicated volunteers and helped sort cans of food.

Good nutrition is critically important for Flint's children. Foods that are high in calcium, vitamin C, and iron can help limit the effects of lead exposure. To donate or volunteer at the Food Bank of Eastern Michigan, visit www.fbem.org.

Click here to watch the video and learn more about how the Food Bank of Eastern Michigan is helping Flint's families.

Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.
click here to watch the video

LISTEN IN: Governor Snyder's tele-town hall with Flint residents



Governor Snyder hosted his third town hall with Flint residents on Thursday, Feb. 11, answering their questions directly. *Click here to listen to the call.*

STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Preferences | Unsubscribe | Help

This email was sent to wonnm@michigan.gov on behalf of: The Executive Office of the Governor · 111 South Capitol Avenue · Lansing, MI 48909 · 517-335-7858

Subject: Mandatory Meeting - DTMB Custodians of Correspondence Related to Flint
Location: Ottawa Builidng - Upper Level – Conference Room 4 OR Call-in: 866-390-1828 access code: 1842654

Start: Thu 2/18/2016 2:00 PM
End: Thu 2/18/2016 3:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: DTMB-Directors-Office
Required Attendees: Behen, David (DTMB); Donnan, Chanda (DTMB); Buhs, Caleb (DTMB); Davenport, Rodney (DTMB); Gelisse, Ashley (DTMB); Gilliland, Michael (DTMB); Spaniolo, Natalie (DTMB); Wilke, Lacey (DTMB); Stansfield, Marsha (DTMB); Ballard, Denice (DTMB); Hampton, Trisha (DTMB); DeCamp, Greg (DTMB); Gibson, Jennifer (DTMB); Hengesbach, Dane (DTMB); Ingersoll, Jean (DTMB); Jeffery, Phillip (DTMB); Philip, Brandon (DTMB); Kopacsi, Christian (DTMB); Doll, Jeanette (DTMB); McKee, Ryan (DTMB); Pratt, Jeff (DTMB); Knapp, Kathy (DTMB); Bidelman, Craig (DTMB); Bussema, Terry (DTMB); Rokely, Rick (DTMB); Tefft, Niki (DTMB); Schlegel, Nicolle (DTMB); Parker, Alexandrea (DTMB); Keilen, Elizabeth (DTMB); McPherson, Victoria (DTMB); Christensen, Chris (DTMB); Lawson, Michelle (DTMB); Nevai, Tom (DTMB); Evans, Carter (DTMB); Fick, James (DTMB); McKee, Robert (DTMB); Perry, Blane (DTMB); Riddering, Eric (DTMB); Rodgers, Anthony (DTMB); Trial, Larry (DTMB); Thompson, Kyleigh (DTMB); Glomski, Tom (DTMB); Seger, Seth (DTMB); Lee, Timothy (DTMB); Sikkema, Tyler (DTMB); Manning, Kelly (DTMB); McFarlane, James (DTMB); Galeazzi, Tiziana (DTMB); Das, Rajiv (DTMB); Pung, Linda (DTMB); Hogan, James (DTMB); Westfall, Laurie (DTMB); Palmer, Jason (DTMB); Stibitz, Brom (DTMB); Trakul, Pamela (DTMB); Swanson, Eric (DTMB); Blastic, Laura (DTMB); Furseth, Kristen (DTMB); Brancheau, Laura (DTMB); Sebok, Yvonne (DTMB); Stankiewicz, Richard (DTMB); Vera, Jason (DTMB); Jehnsen, Jeremy W (DTMB); Jodway, Kenneth (DTMB); Newman, Jeremy (DTMB); Vijayaveeraraghavan, Anupkumar (DTMB); Harmon, Paul (DTMB); Root, Everett (DTMB); Pauley, Suzanne (DTMB); Thompson, John (DTMB); Nolan, Anne (DTMB); Peterson, Rick (DTMB); Stiffler, Michelle (DTMB); Patke, Sunit (DTMB); Estill, John (DTMB); Seckelman, Joe (DTMB); Martin, Ellen (DTMB); Aprill, Brian (DTMB); Ross, Josh (DTMB); Locke, Joel (DTMB); Cross, Steven (DTMB); Clark, John (DTMB); Olkowski, Tony (DTMB); Noldy, Scott (DTMB); Baer, John (DTMB); Dickinson, Holly (DTMB); Post, Corey (DTMB); Cantin, David (DTMB); Brun, Jeremy (DTMB); Hartsuff, Lisa (DTMB); Kosloski, Joni (DTMB); Jordan, Gerald (DTMB); Sweeney, Matthew (DTMB); Turnquist, Michael (DTMB); Morgan, Dan (DTMB); Droste, Kerri (DTMB); Paasch, Keith (DTMB); Scates, Larry (DTMB); Noonan, Michael (DTMB); Walts, Brian (DTMB); Martin, Ric (DTMB); Burns, Robert (DTMB); Doxie, William (DTMB); Clark, Jim (DTMB); Bailey, Maureen (DTMB); Bos, Troy (DTMB); Phillippo, Jamie (DTMB); Spitzley, Troy (DTMB); Darby, Marchan (DTMB); Hawes, Keith (DTMB); Wright, Seth (DTMB); Rambo, Carolyn (DTMB); Millimaki, Shelly (DTMB); Nelson, Christopher (DTMB); Murphy, Chris (DTMB); Clark, Stephanie (DTMB); Cischke, Roy (DTMB); Hofmeister, David (DTMB); Reynolds, Vince (DTMB); VanCoevering, Joyce (DTMB); Ragla, Beth (DTMB); Shaw, Gary (DTMB);

Required Attendees: Wonn, Michael (DTMB); Thompson, Kristi (DTMB); Goodine, Tom (DTMB); Armstrong, Mike (DTMB); Doyle, James (DTMB); Hampton, Kristen (DTMB); Miller, Mark (DTMB); Cooley, Tom (DTMB); Waltersdorf, Rex (DTMB); Monroe, Jerry (DTMB); Bergan, Kristin (DTMB); Banks, William (DTMB); Dyson, Mike (DTMB); Stiles, Dan (DTMB); Chipman, Dan (DTMB); Hodgman, Steve (DTMB); Martin, Todd (DTMB); Weston, Jessica (DTMB); Fitton, Scott (DTMB); Sample, Brice (DTMB); Vanden Bosch, Kerrie (DTMB); Wellman, Jeff (DTMB); Brownlee, Jeff (DTMB); Maynard, Sharon (DTMB); Calahan, Heather (DTMB); Cook, Rebecca (DTMB); Hayes, Genevieve (DTMB); Riehle, Jenni (DTMB); Falik, Tom A. (DTMB); Pemble, William (DTMB); Sambiagio, Melissa (DTMB); Cieciwa, Sue (DTMB); Hunter, Lymon (DTMB); Dufour, Yvon (DTMB); Camp, William (DTMB); Hatch, David (DTMB); Troub, Shelby (DTMB); Epps, Stephanie (DTMB); Herman, Christyn (DTMB); Bliss, Mike (DTMB); Guardiola, Jamie (DTMB); jfoley@us.ibm.com

Optional Attendees: Stanaway, Deb (DTMB); Huhn, Jacqueline (DTMB); McQuaid, John (DTMB)

Please note this meeting can be attended in person or via conference call-in. Location and Dial in information are provided below.



All DTMB Custodians of Co...

*please see agenda below

Requested By:
DTMB Executive Staff

Location:
Ottawa Building
Upper Level – Conference Room 4
611 W. Ottawa Street
Lansing, MI 48933

Call-in: 866-390-1828
Access code: 1842654

Security:
Please have your State Employee ID showing at all times.

Parking:
Metered parking is available along Ottawa and Pine street.

Briefing:
In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to produce, by a certain date, any documents containing certain search terms. In this meeting we will review instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Agenda

1) Kickoff – Brom Stibitz, Chief Deputy Director
2) Why you are here – Jean Ingersoll, Interim Chief of Staff
3) What you need to do (February 22, 2016 deadline) – Jean

4) What will be done for you – Jean
5) What's next – Jean
6) Public Information Reminder – Caleb Buhs, Public Information Officer
7) Questions and Answers - Group

SOM Meeting Contact:

Janelle Longanbach
Longanbachj@michigan.gov
Office: 517-373-4210

Participants:

David Behen
Chanda Donnan
Caleb Buhs
Rodney Davenport
Ashley Gelisse
Michael Gilliland
Natalie Spaniolo
Lacy Wilke
Marsha Stansfield
Denice Ballard
Trisha Hampton
Greg DeCamp
Jennifer Gibson
Dane Hengesbach
Jean Ingersoll
Phillip Jeffery
Brandon Philip
Christian Kopacsi
Jeanette Doll
Ryan McKee
Jeff Pratt
Kathy Knapp
Craig Bidelman
Terry Bussema
Rick Rokely
Niki Tefft
Nicolle Schlegel
Alexandrea Parker
Elizabeth Keilen
Vicki McPherson
Chris Christensen
Michelle Lawson
Tom Nevai
Carter Evans
James Fick
Robert McKee
Blane Perry
Eric Riddering
Anthony Rodgers
Larry Trial
Kyleigh Thompson

Tom Glomski
Seth Seger
Tim Lee
Tyler Sikkema
Kelly Manning
James McFarlane
Tiziana Galeazzi
Rajiv Das
Linda Pung
James Hogan
Laurie Westfall
Jason Palmer
Brom Stibitz
Pam Trakul
Eric Swanson
Laura Blastic
Kristen Furseth
Laura Brancheau
Yvonne Sebok
Richard Stankiewicz
Jason Vera
Jeremy Jehnsen
Ken Jodway
Jeremy Newman
Anup Vijay
Paul Harmon
Everett Root
Suzanne Pauley
John Thompson
Anne Nolan
Rick Peterson
Michelle Stiffler
Sunit Patke
James Foley
John Estill
Joe Seckelman
Ellen Martin
Brian Aprill
Josh Ross
Joel Locke
Steven Cross
John Clark
Tony Olkowski
Scott Noldy
John Baer
Holly Dickinson
Corey Post
David Cantin
Jeremy Brun
Lisa Hartsuff
Joni Kosloski
Gerald Jordon

Matthew Sweeney
Michael Turnquist
Dan Morgan
Kerri Droste
Keith Paasch
Larry Scates
Mike Noonan
Brian Walts
Ric Martin
Robert Burns
William Doxie
Jim Clark
Maureen Bailey
Troy Bos
Jamie Phillippo
Troy Spitzley
Marchan Darby
Keith Hawes
Seth Wright
Carrie Rambo
Shelly Millimaki
Chris Nelson
Chris Murphy
Stephanie Clark
Roy Cischke
David Hofmeister
Vince Reynolds
Joyce Van Coevering
Beth Ragla
Gary Shaw
Mike Wonn
Kristi Thompson
Thomas Goodine
Mike Armstrong
Jim Doyle
Kristen Hampton
Mark Miller
Tom Cooley
Rex Waltersdorf
Jerry Monroe
Kristin Bergan
William Banks
Mike Dyson
Dan Stiles
Dan Chipman
Steve Hodgman
Todd Martin
Jessie Weston
Scott Fitton
Brice Sample
Kerrie Vanden Bosch
Jeff Wellman

Jeff Brownlee
Sharon Maynard
Heather Calahan
Rebecca Cook
Genevieve Hayes
Jennifer Riehle
Tom Falik
Bill Pemble
Melissa Sambiagio
Sue Cieciwa
Lymon Hunter
Yvon Dufour
Will Camp
David Hatch
Shelby Troub
Stephanie Epps

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
LANSING

DAVID B. BEHEN
DIRECTOR

February 17, 2016

TO: All DTMB Custodians of Correspondence Related to Flint

FROM: Jean Ingersoll, Interim Chief of Staff to David B. Behen, Director and CIO

SUBJECT: Flint Document Production – Search Terms and Guidance

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. **As a custodian, you are required to produce any documents containing the search terms listed below, no later than Monday, February 22, 2016.** This memorandum contains detailed instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Microsoft 365 – Outlook (*includes emails, calendar items) and OneDrive*

DTMB staff will centrally coordinate the Microsoft 365 search for all of DTMB's custodians. Therefore, DTMB's custodians *do not need to independently search any of their Microsoft 365 applications* for the search terms listed below.

Network Drives

Similar to the approach outlined above, DTMB staff will centrally coordinate the network drive search effort for all DTMB custodians. Custodians do *not* need to independently conduct a network drive search for the search terms below.

Non-Network Drives – *includes hard drives, desktop, and thumb/flash drives*

For all non-network drive types, ***each custodian will need to search every search term listed below in every non-network format, and move all relevant/related documents in to a network drive for collection. In order to move items to the network, you must be connected to the network.***

Start by conducting the search of all non-network drives, filling out the attached search term checklist as you go. If you need guidance as to how to perform this search, a step-by-step guide is included below in Appendix 1.

All relevant/responsive items that are produced as a result of your search need to be moved to a network drive. You can move your relevant/related documents to a network drive in whatever format the document is currently in. After the February 22, 2016, deadline, DTMB staff will access the network drives to collect the files.

Paper Files

Review all applicable paper files. Scan any relevant/related documents, and save them to a network drive, as described above. If this is not possible, you may provide hard copies of documents to Jean Ingersoll in the Director's Office. These documents must be received in the Director's Office by February 22, 2016, and will not be returned to you.

Home Computer

Any relevant e-mails or other documents on a personal computer also are subject to this request. Please check your personal computer for any e-mails or other documents relating to this search. If you discover any relevant/related documents, please include the phrase "personal computer" in the file name, and save them to the aforementioned network drive.

Conclusion

Thank you for your cooperation in complying with this request. Should you have any questions, please contact Jean Ingersoll at 1-8844.

Attachments

- FOIA Checklist
- Attachment 1 – Search Guidance

Search Term Checklist

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to search and copy all items that you identify to a DTMB network drive, as described above.

Please complete your search no later than close of business on Monday, February 22, 2016. Relevant/related items from the past 10 years should be included.

You should search for *each term exactly as it is shown below, and include quotation marks around each separate word.* For example, "Legionnaire", "Legionella", or "Flint" would all go into search fields. After you complete a search term, check the box beside the term.

Search Terms:

- ☐ "Legionnaire"
- ☐ "Legionella"
- ☐ "boil water order" & "Flint"
- ☐ "coli" & "Flint"
- ☐ "bacteria" & "Flint"
- ☐ "microb" & "Flint"
- ☐ "TTHM" & "Flint"
- ☐ "Lead" & "Flint"
- ☐ "emergency" & "Flint"
- ☐ "Karegnondi"
- ☐ "Genesee County Health Department"
- ☐ "Flint" & "utilities"
- ☐ "Lead and Copper Rule"
- ☐ "Detroit Water and Sewerage Department" & "Flint"
- ☐ "DWSD" & "Flint"
- ☐ "Flint River"
- ☐ "Pb" & "water"
- ☐ "KWA"

Search conducted on the email account of: _____

By (your name): _____

Date completed: _____

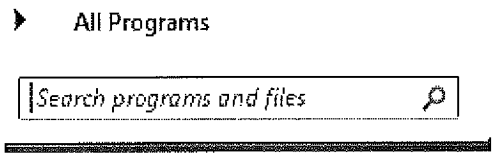
Please return this completed Checklist to DTMB Director's Office staff by February 22, 2016, at DTMB@michigan.gov, or
Directors Office, Cass Building, Second Floor

APPENDIX 1 – Search Guidance

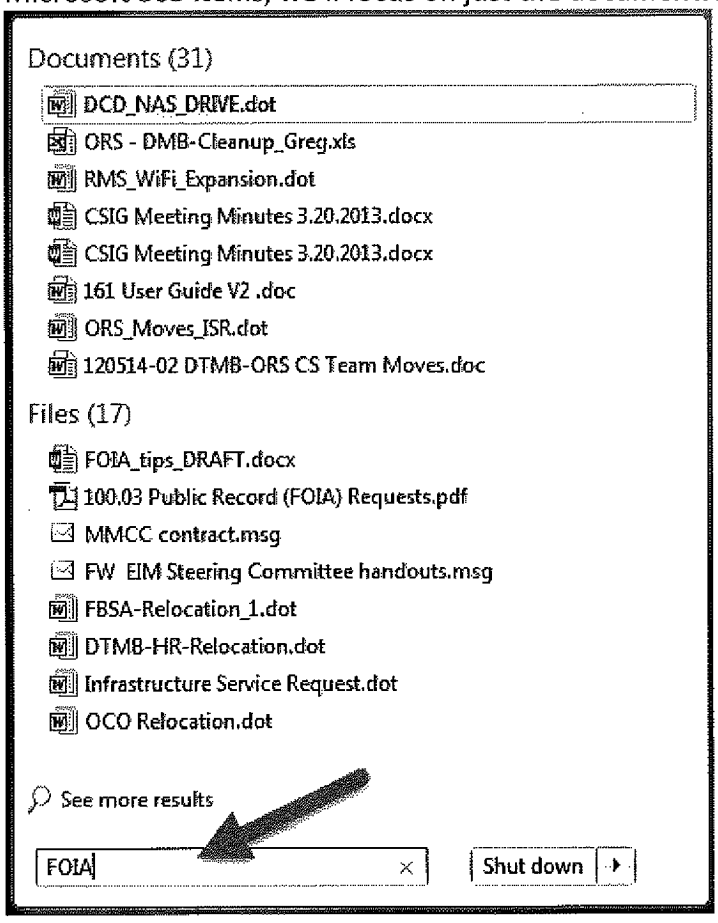
Regardless of what version of Windows you're using, each of them has a search feature built in called "Windows Explorer," you see it every time you open up a folder on a network drive, or on your own computer.

Using the search function in windows 7

Since the majority of DTMB is on Windows 7, the examples below are on that operating system. If you click on windows Start button, you'll see the search box right next to it

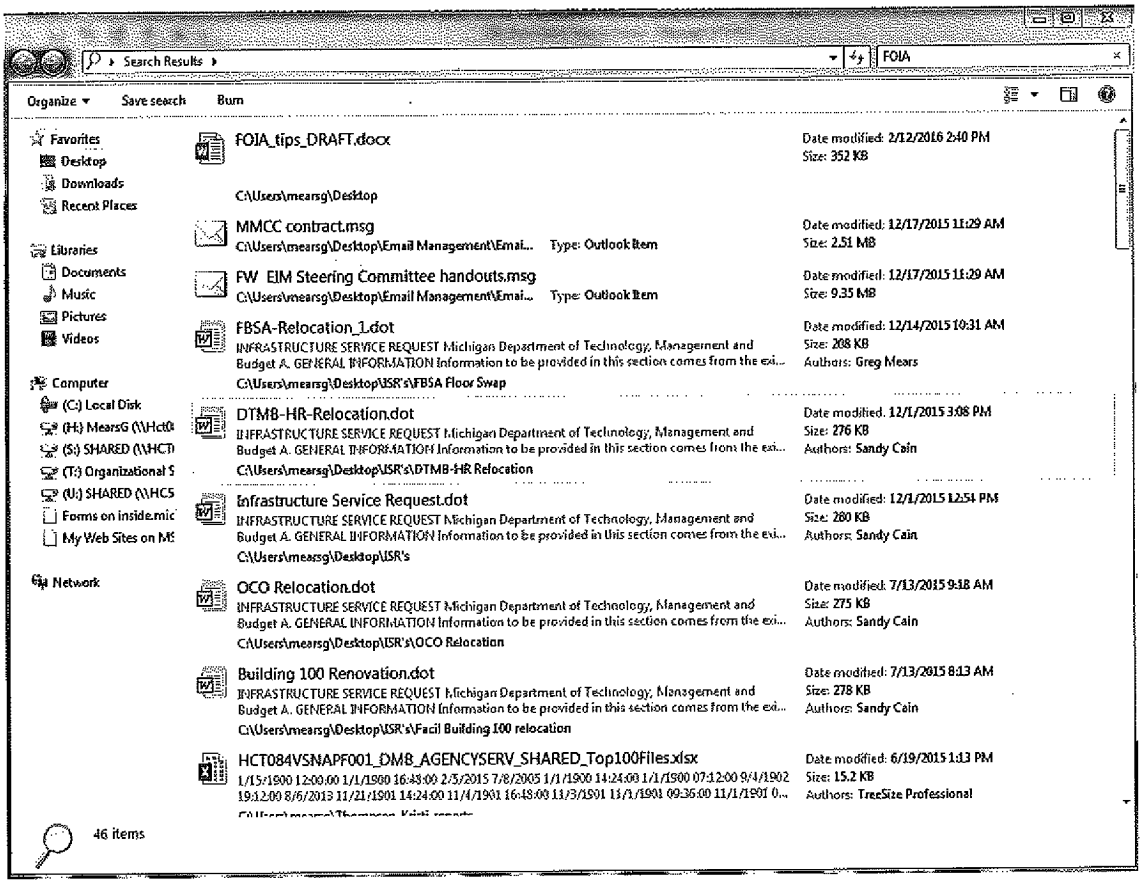


This example searches for the word FOIA. As you can see, the search yielded numerous documents including emails. Since DTMB is centrally collecting relevant emails and other Microsoft 365 items, we'll focus on just the documents.



You need to open each document to make sure that it's relevant. In this instance, the search brought up a DTMB Move form, but only because it has the word FOIA in the form.
You'll notice that the words "See more results" appears at the bottom of the list. This means that the search turned up a lot more documents than what can easily be displayed. You must

click on the link to open Windows Explorer and reveal a comprehensive list, along with their locations.



As you can see from this example the search found 46 items. We can now select them all using the "Ctrl-A method", and copy them to a network drive.

From: Mathews, Jamie (DTMB)
Sent: Tuesday, January 12, 2016 2:48 PM
To: Wonn, Michael (DTMB)
Subject: RE: Time

Just talked to Roy. We are going to have them enter their time up until today and save it. Then they will need to let you know how many hours they had yesterday and we can then enter the time for Wed/Thur/Friday for them. Then we can make any corrections if needed. Because they will have different coding blocks, I am going to need that information also.

From: Wonn, Michael (DTMB)
Sent: Tuesday, January 12, 2016 2:43 PM
To: Mathews, Jamie (DTMB) <MathewsJ@michigan.gov>
Subject: RE: Time

We'll have three employees performing duties in Flint dispensing water. They will be accruing overtime and I won't know how much until they return on Monday.

From: Mathews, Jamie (DTMB)
Sent: Tuesday, January 12, 2016 2:27 PM
To: Cischke, Roy (DTMB) <cischker@michigan.gov>; Wresinski, Taylor (DTMB) <WresinskiT@michigan.gov>; VanCoevering, Joyce (DTMB) <Vancoeveringj1@michigan.gov>; Stevens, Deb (DTMB) <stevensd4@michigan.gov>; Hofmeister, David (DTMB) <HofmeisterD@michigan.gov>; Shaw, Gary (DTMB) <shawg@michigan.gov>; Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: Time
Importance: High

Due to the Holiday on Monday, January 18th, time needs to be submitted and approved no later than Noon, Thursday, January 14th. Please share with your staff.

Thanks

Jamie Mathews
Senior Executive Management Assistant
Office of Support Services
Department of Technology, Management & Budget
6951 Crowner Drive
Lansing, MI 48913
Phone: (517) 636-0829
Fax: (517) 322-1423
Email: mathewsj@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: State of Michigan <MISOM@govsubscriptions.michigan.gov>
Sent: Thursday, January 14, 2016 5:33 PM
To: Wonn, Michael (DTMB)
Subject: Volunteer Opportunity in Flint



The State Emergency Operations Center (SEOC) is coordinating a response to the ongoing health and safety issues in the city of Flint's drinking water. Teams from the Michigan State Police, Genesee County Sheriff's Department, Michigan Department of Health and Human Services, and volunteer organizations have been delivering bottled water, water filters, replacement cartridges and water testing kits at homes in the city of Flint since Tuesday.

To help with this critical work, the SEOC is looking for volunteers to expand this effort and continue this distribution during the upcoming holiday weekend. Teams are being assembled for shifts on Saturday, January 16; Sunday, January 17; and Monday, January 18, 2016. If you are interested in volunteering your time for this critical work, please complete the information in one of the attached surveys (depending on which day you are volunteering).

To volunteer on Saturday, January 16, https://www.surveymonkey.com/r/28NVJBL

To volunteer on Sunday, January 17, https://www.surveymonkey.com/r/26NMJKK

To volunteer on Monday, January 18, https://www.surveymonkey.com/r/26P7P5G

Volunteers will begin their assignment at the Local Emergency Operations Center located in the Genesee County Administration Building located at 1101 Beach St, Flint at 9 a.m. and end by 4 p.m. Parking is available at the corner of Beach Street and 8th Street. Lunch will be provided. This is strictly a volunteer effort, as all three days will be unpaid. Volunteers are responsible for their own transportation; mileage reimbursement for personal vehicles is not authorized. Volunteers should dress for working outdoors and wear foot attire appropriate for walking.

This opportunity is for state employees and their immediate family members 16 years of age or older only, others looking to assist should volunteer through the American Red Cross in Flint. The volunteer coordination center for the Red Cross is located at 1401 S. Grand Traverse, Flint, MI. They are open from 9 a.m. to 7 p.m.

For more information on the state's response efforts, visit www.michigan.gov/flintwater.

This e-mail was sent to wonnm@michigan.gov using GovDelivery on behalf of: the State of Michigan, 111 S.

Capitol Ave., Lansing, MI. *You are receiving this message because you are a State of Michigan employee.*

From: Lance, John (DTMB)
Sent: Wednesday, January 20, 2016 8:51 PM
To: Wonn, Michael (DTMB)
Cc: Mathews, Jamie (DTMB)
Subject: John Lance Flint water crisis expenditures
Attachments: Flint water crisis week 1 expenditures.pdf

Good evening Mike and Jamie,
Attached you should find 5 pages of expenditures. The first page should include two receipts from Applebees. Please note that one was for a ribeye dinner, and the other has 5 appetizers. Those five appetizers I used for my lunches, 1 per day.

The second page should have two Speedway receipts. Those two speedway receipts were used for my remaining dinners as I was returning back to the hotel late evenings.

The third page was for the first night's stay at the hotel as at that point I had no idea if I was going to be able to catch a ride back with John Patterson and Kevin Moe. It became very clear, very fast that I was not going to finish my work prior to them returning at night, I obtained permission from Mike Wonn to remain at the hotel for my time in Flint. Therefore, pages five and six are the breakdown pages for my stay from the hotel for the remaining nights I slept there.

I will check into the same hotel sometime tomorrow, if and when I get a break.

Please feel free to text me if you have any questions.

John Lance

APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
1400 EAST HILL
GRAND BLANC, MI 48439
810-603-2750

KELLEY L TB#14-C8
14.9
DATE: 01-18-16 TIME: 08:38 PM GUESTS: 1
Check #:9454-1038677
Pick-up Time:

1	RASPBERRY ICED TEA	2.59
1	RIBEYE	16.99
1	ONION TOPPER	1.39
1	GARLIC MUSH TOP	1.39

Check TOTAL: 22.36
TAX: 1.34
Total Due: 23.70

****
Give the Gift of Great Taste!
Applebee's Gift Cards
****
Applebee's Anywhere:
The great taste of Applebee's is
now available in group-sized servings!
Serving our fans their favorites

APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
1400 EAST HILL
GRAND BLANC, MI 48439
810-603-2750

KELLEY L TB#14
DATE: 01-18-16 TIME: 07:58 PM GUESTS: 2
Check #:9454-1038652

1	LN BNLS WNG 12	5.00
1	LN BNLS WNG 12	5.00
1	LN BNLS WNG 12	5.00
1	LN BNLS WNG 12	5.00
1	LN MOZZ STK 8	3.75

******* GUEST # 2 SUB-TOTAL: 25.17

Check TOTAL: 23.75
TAX: 1.42
Total Due: 25.17

****
Give the Gift of Great Taste!
Applebee's Gift Cards
****
Applebee's Anywhere:
The great taste of Applebee's is
now available in group-sized servings!
Serving our fans their favorites

SPEEDWAY

0008763-Grand Blanc,MI
1435 E Hills Rd
Grand Blanc , MI 48439-5100
(810)695-1909

Register:1 Transaction#27619209
1/18/2016 7:33:56 PM Lavern F.

1	KIT KAT MINIS KING SINGLE	1.99
1	HERSHEY YORK MINIS KS SIN	1.99
1	KING CANDY 2F3.33	-0.65
2	WHATCHAMACALLIT KS SINGLE	3.98
1	KING CANDY 2F3.33	-0.65
2	DR PEP 1L SINGLE	4.38
2	MI Container .10 Full Rec	0.20
1	MIX&MATCH 2F3.50	-0.88
1	FL XXVL FRITO HONEY BBQ S	1.49
	Speedy Rewards	

Sub. Total:	$11.85
Tax:	$0.00
Total:	$11.85
Master Card:	$11.85
Change	$0.00

CARD TYPE: Master Card
Card Num : [redacted]
ENTRY METHOD: Swiped

[redacted]

Thank You
Visit us at
www.speedway.com

SPEEDWAY

0008763-Grand Blanc,MI
1435 E Hills Rd
Grand Blanc , MI 48439-5100
(810)695-1909

Register:2 Transaction#4420796
1/16/2016 8:10:14 PM Rhiannon S.

1	SQUIRT 20z NR SINGLE	1.79
1	MI Container .10 Full Rec	0.10
1	HERSHEY YORK MINIS KS SIN	1.99
1	KIT KAT MINIS KING SINGLE	1.99
1	KING CANDY 2F3.33	-0.65
1	WHATCHAMACALLIT BAR SINGL	1.29

Sub. Total:	$6.51
Tax:	$0.00
Total:	$6.51
Master Card:	$6.51
Change	$0.00

CARD TYPE: Master Card
Card Num : [redacted]
ENTRY METHOD: Swiped

[redacted]

Thank You
Visit us at
www.speedway.com

WINGATE
BY WYNDHAM

Wingate by Wyndham - Grand Blanc
1359 Grand Pointe Court
Grand Blanc, MI 48439
Tel: 810.694.9900 Fax: 810.694.9902

01-14-16

John Lance [redacted]	Folio No. :	Room No. : [redacted]	
	A/R Number :	Arrival :	01-13-16
	Group Code :	Departure :	01-14-16
	Company :	Conf. No. : [redacted]	
	Wyndham Rewards : [redacted]	Rate Code :	SGS
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
01-13-16	Room	89.00	
01-13-16	State Tax - 6%	5.34	
01-13-16	Occupancy Tax - 5%	4.45	
01-14-16	MasterCard		98.79
	Total	**98.79**	**98.79**
	Balance	**0.00**	

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 1-866-996-7937.

Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate by Wyndham or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate by Wyndham website about privacy.

Thank you for staying with us.
It was our pleasure to serve you

Express Checkout. For your records, this is your receipt and hotel bill as of 2 a.m. today. Charges incurred after 2 a.m. can be paid at the front desk, or at your request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key in your room or at the front desk.

WINGATE®
BY WYNDHAM

Wingate by Wyndham - Grand Blanc
1359 Grand Pointe Court
Grand Blanc, MI 48439
Tel: 810.694.9900 Fax: 810.694.9902

01-19-16

John Lance
[redacted]

Folio No. :
A/R Number :
Group Code :
Company :
Wyndham Rewards [redacted]
Invoice No. :

Room No. : [redacted]
Arrival : 01-13-16
Departure : 01-19-16
Conf. No. : [redacted]
Rate Code : SGS
Page No. : 1 of 2

Date	Description	Charges	Credits
01-13-16	Room	89.00	
01-13-16	State Tax - 6%	5.34	
01-13-16	Occupancy Tax - 5%	4.45	
01-14-16	Room	89.00	
01-14-16	State Tax - 6%	5.34	
01-14-16	Occupancy Tax - 5%	4.45	
01-15-16	Room	95.00	
01-15-16	State Tax - 6%	5.70	
01-15-16	Occupancy Tax - 5%	4.75	
01-16-16	Room	95.00	
01-16-16	State Tax - 6%	5.70	
01-16-16	Occupancy Tax - 5%	4.75	
01-17-16	Room	89.00	
01-17-16	State Tax - 6%	5.34	
01-17-16	Occupancy Tax - 5%	4.45	
01-18-16	Room	89.00	
01-18-16	State Tax - 6%	5.34	
01-18-16	Occupancy Tax - 5%	4.45	
01-19-16	MasterCard		606.06

Express Checkout. For your records, this is your receipt and hotel bill as of 2 a.m. today. Charges incurred after 2 a.m. can be paid at the front desk, or at your request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key in your room or at the front desk.

WINGATE®
BY WYNDHAM

Wingate by Wyndham - Grand Blanc
1359 Grand Pointe Court
Grand Blanc, MI 48439
Tel: 810.694.9900 Fax: 810.694.9902

01-19-16

John Lance
[redacted]

Folio No. :
A/R Number :
Group Code :
Company :
Wyndham Rewards : [redacted]
Invoice No.

Room No. : [redacted]
Arrival : 01-13-16
Departure : 01-19-16
Conf. No. : [redacted]
Rate Code : SGS
Page No. : 2 of 2

Date	Description	Charges	Credits
	Total	606.06	606.06
	Balance	0.00	

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 1-866-996-7937.

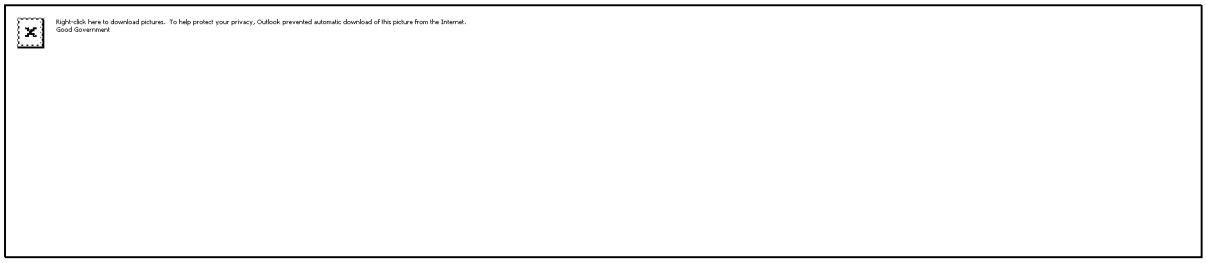
Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate by Wyndham or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate by Wyndham website about privacy.

Thank you for staying with us.
It was our pleasure to serve you.

Express Checkout. For your records, this is your receipt and hotel bill as of 2 a.m. today. Charges incurred after 2 a.m. can be paid at the front desk, or at your request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key in your room or at the front desk.

From: State of Michigan <MISOM@govsubscriptions.michigan.gov>
Sent: Friday, January 22, 2016 4:49 PM
To: Wonn, Michael (DTMB)
Subject: Flint Volunteer Efforts



Dear State Employees,

Gov. Rick Snyder and I want to thank everyone who donated their time during the holiday weekend to deliver bottled water, water filters, replacement cartridges and water testing kits to families in the city of Flint. We are working hard to ensure all residents are provided with the safe water resources they need, and each donation and hour of your time volunteered goes a long way.

For employees who would like to help the residents of Flint, there are several opportunities to do so. Please visit www.helpforflint.com to learn how you can help.

For additional information and updates, visit www.michigan.gov/flintwater.

Again, thank you for all your support.

Sincerely, Mike Zimmer
Office of Good Government Director
Dept. of Licensing and Regulatory Affairs Director

This e-mail was sent to wonnm@michigan.gov using GovDelivery on behalf of: the State of Michigan, 111 S. Capitol Ave., Lansing, MI. *You are receiving this message because you are a State of Michigan employee.*

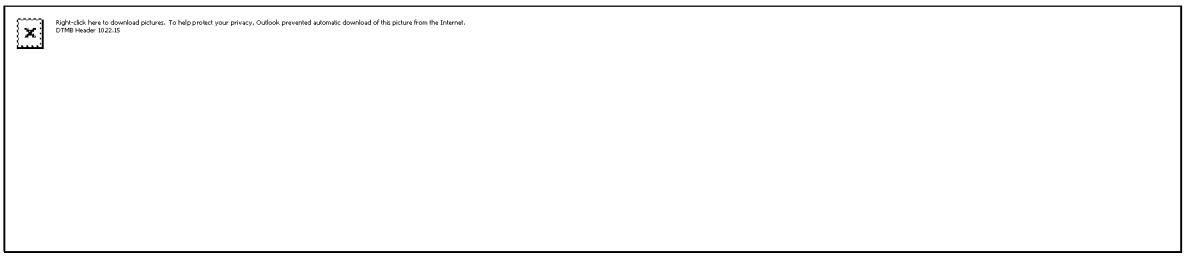
From: Doll, Jeanette (DTMB)
Sent: Tuesday, January 26, 2016 7:31 AM
To: Wonn, Michael (DTMB)
Subject: Automatic reply: Drivers for next week

I am currently on special assignment and have limited ability to respond to requests that are not associated with the Flint Water Response.

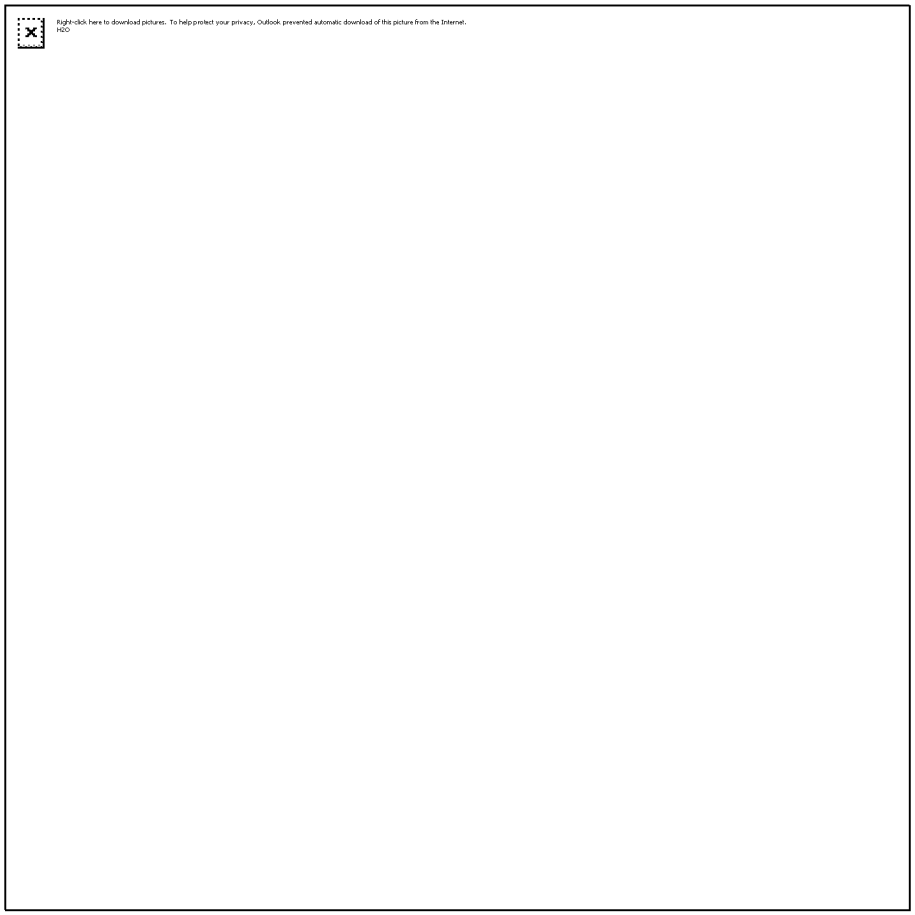
If you need assistance with a building closure, please contact Central Control at (517) 373-0196 for immediate assistance.

Jeanette

From: Dept. Technology, Management & Budget <dtmb@govsubscriptions.michigan.gov>
Sent: Tuesday, January 26, 2016 8:39 AM
To: Wonn, Michael (DTMB)
Subject: Contributing time, muscle and money



During this month's Martin Luther King Jr. holiday weekend, some state employees turned their "day off" into a "day on" in Flint. There, they delivered bottled water, water filters, replacement cartridges and water testing kits to families. The volunteers joined other Michiganders, turning Dr. King's birthday observance into a day of service.



Mike Zimmer, director of the Office of Good Government and the Department of Licensing and Regulatory Affairs, has shared a link – www.helpforflint.com – that offers other opportunities to contribute time, muscle and money to bring clean drinking water to the community.Here in DTMB, some of our employees didn't wait for an invitation to lend a hand. Office of Retirement Services staff contributed funds that were used to buy 31 cases and 23 gallons of water, which a local organization transported to Flint.

Autumn Hubbard, Ambrea Mack and Sarah Esquivel, who are in the photo at the left, nearly emptied the shelves at their local grocery store. Thanks for your efforts.

everyone.

Now work.

Last week, I signed a new policy that formalizes the annual employee review process and sets expectations for employees and managers. Administrative Policy 200.37 establishes consistent standards for implementing performance plans and reviews. Some of the standards are practices we have followed for years. Others are new. Some of particular note include:

- The mandatory use of HRMN
- A standard Feb. 1-Jan. 31 rating period for all employees
- An Individual Development Plan that specifies training or development programs for each employee
- Competencies and objectives that align to DTMB goals or scorecard metrics
- Consequences for managers and supervisors who do not complete the review process as required

A fundamental role of each DTMB manager or supervisor is to provide employees with direction and feedback on their performance. Employees also are expected to take an active role in pursuing professional development opportunities and achieving their competencies and objectives. I encourage you to review the new policy and talk with your manager or supervisor if you have questions. Of course, I welcome your questions and input as well. Please send your comments and ideas to me at behend@michigan.gov.

I know these have been busy weeks for many of you as you take on additional responsibilities and work hard to provide resources and services for our customers and citizens across the state. Please know that your hard work has not gone unnoticed. Thank you for everything you do, every day.

Have a great week,

David



The Department of Technology, Management and Budget
You are receiving this email because you are an employee of the Department of Technology, Management and Budget. If you have questions about your subscription, please contact DTMB-Communications@michigan.gov.

This email was sent to wennm@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · 517-373-1004

From: Lance, John (DTMB)
Sent: Tuesday, January 26, 2016 8:22 PM
To: Wonn, Michael (DTMB)
Cc: Mathews, Jamie (DTMB)
Subject: John Lance hours

1-25-16 6:30 AM - 7:30 PM
1-26-16 6:30 AM - 7:30 PM

Thank you very much for shipping the fuel card over to me today. I put it to use as the fuel gauge was bouncing on empty when I received the card. Do you need the receipt for that fuel or is it automatic in the system?

As I had made mention earlier this week, I should take a break from the craziness in Flint. Have you found a temporary replacement driver to fill my shoes yet for a week or two as I am supposed to take possession of my new home February 5th? I would be more than willing to return to Flint following a short break if the powers to be determined would prefer me to return. Department of Corrections has taken over the warehouse aspect of products coming in and going out. The Red Cross has left for the most part and seem to been running a skeleton crew for neighborhood deliveries. FEMA is still in control of inventory counting and preparing a long term arrangement. I have been running crazy with coordinating and running "hot shot" deliveries from beginning of day to end of day. The businesses, community centers, churches, assisted living facilities, and apartment complexes are appreciative of our efforts when I show up to deliver several pallets of water, faucet filters kits, replacement cartridges, and lead test kits to their locations.

John Lance

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:42 AM
To: Wonn, Michael (DTMB)
Subject: Hauling Water to Flint

Mike,

I can help Friday – Sunday hauling water if you cannot find anyone else. With me being a Supervisor it has to be offer to everyone else before me. If that helps you let me know.

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:
7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 11:24 AM
To: Wonn, Michael (DTMB)
Subject: RE: Hauling Water to Flint

No I can work OT. My Manager doesn't want it to affect my normal job responsibilities helping with hauling water. So If I can help Friday – Sunday with this I think it should be problem.

Rodney

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 10:00 AM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Subject: RE: Hauling Water to Flint

You're not OT exempt?

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:42 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: Hauling Water to Flint

Mike,

I can help Friday – Sunday hauling water if you cannot find anyone else. With me being a Supervisor it has to be offer to everyone else before me. If that helps you let me know.

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:
7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

Message

From: Doll, Jeanette (DTMB) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B93FFC078BE649D0A8AA0C386D7B73F1-DOLL JEANETTE]
Sent: 1/28/2016 2:22:21 PM
To: Wonn, Michael (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5db547f336d44fae98545e12787f438f-Wonn Michael]
Subject: Hotel
Attachments: Reservation Confirmation #82517141 for Courtyard Flint Grand Blanc

Mike –

I was able to reserve a room (attached). I provided a P-card for payment, so Bill should be all set. Reserved the room until next Saturday.

Jeanette

Jeanette Doll, Professional Emergency Manager

MI Dept. of Technology, Management & Budget

Emergency Management Coordinator

(517) 373-2231 Office

[redacted]

DTMB
HELP. CONNECT. SOLVE.

From: Courtyard By Marriott Reservations <reservations@courtyard-res.com>
Sent: Thursday, January 28, 2016 7:20 AM
To: Doll, Jeanette (DTMB)
Subject: Reservation Confirmation #82517141 for Courtyard Flint Grand Blanc

Please review your reservation details and keep for your records

Courtyard Flint Grand Blanc

5205 Gateway Centre , Flint, Michigan 48507 USA

1-810-232-3500 Plan Your Stay

Hotel Website Map & Directions

Reservation Confirmation: 82517141

For BILL SELLECK

CHECK-IN DATE **Thursday, January 28, 2016**
CHECK-IN TIME **03:00 PM**

CHECK-OUT DATE
Saturday, February 6, 2016
CHECK-OUT TIME **12:00 PM**

Modify your reservation | Cancel your reservation

Dear BILL SELLECK,

We are pleased to confirm your reservation at the Courtyard Flint Grand Blanc. Below is a summary of your booking and room information. We look forward to welcoming you and providing an environment that makes it easy for you to work and relax.

Warm regards,
Courtyard Flint Grand Blanc

Enhance Your Stay

Dining In or On-the-Go

Breakfast and beverage options at The Bistro®

See our Menu

Mobile Check-In & Out

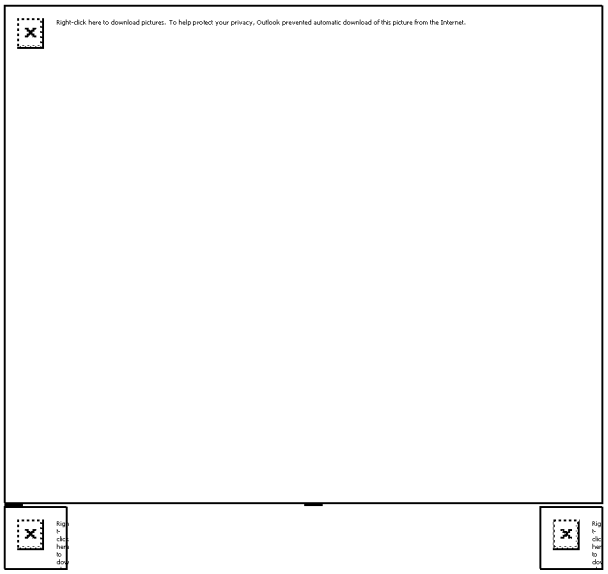
Get to your room faster & receive instant updates.

Download our app

Dining at the Courtyard

Enjoy our on-site dining options

See our Dining



Room Details

ROOM TYPE	Guest room, 1 King, Sofa bed
NUMBER OF ROOMS	1
GUESTS PER ROOM	1
GUARANTEED METHOD	**Credit Card Guarantee, Visa**

Hotel Alert
All rates at this hotel include complimentary in-room high speed Internet access

Summary of Charges

RATES ARE PER ROOM, PER NIGHT (USD)		
Thursday, January 28, 2016-Saturday, February 6, 2016	**9 nights**	**75.00 USD**
Government State rate, state government ID required		
ESTIMATED GOVERNMENT TAXES & FEES		**8.25 USD**
Total for stay (for all rooms)		**749.25 USD**

Other Charges

- Complimentary on-site parking

Modify or cancel your reservation | Book Another Reservation

Rate and Cancellation Details

- **Please note that a change in the length or dates of your reservation may result in a rate change.**
- **You may cancel your reservation for no charge until Wednesday, January 27, 2016 (1 day[s] before arrival).** Please note we will assess a fee if you must cancel after this deadline.
- **Please note that we will assess a fee of 83.25 USD if you must cancel after this deadline.**

If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

- Please be prepared to show proof of eligibility for your rate (such as a membership card, corporate or government identification card, or proof of your age).

RATE GUARANTEE LIMITATION(S)

- Changes in taxes or fees implemented after booking will affect the total room price.
- Please note that a change in the length or dates of your reservation may result in a rate change.

ADDITIONAL INFORMATION

- The Responsible Tourist and Traveler
  A practical guide to help you make your trip an enriching experience



Get Rewards With This Stay

Earn up to 6750 points and enjoy free in-room Wi-Fi at participating hotels when you join Marriott Rewards®. You'll earn member benefits every time you book direct.

Join Marriott Rewards

Contact Us

Call 1-800-321-2211 in the US and Canada

Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation

Get Up to 35% off + 500 Marriott Rewards Points

Book with Hertz & get exclusive discounts

Search Now



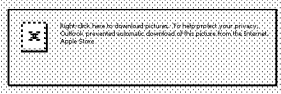
Book Transportation, Tours & More

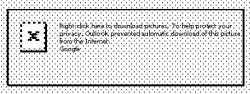
Get great rates on local tours & attractions

Book Now



DOWNLOAD MARRIOTT MOBILE APP





STAY CONNECTED



Privacy, Authenticity and Opting Out

Your privacy is important to us. **Please visit our Privacy Statement for full details.**

This email contains information for your designated recipient. Replies to automated messages are not monitored. For Internet assistance, please email us at [illegible] or visit **Contact Internet Customer Care**.

Promotional Email Unsubscribe

If you received this email from a friend, please do not reply. Please use the mail service you used to send this email to contact your friend. We will send you promotional emails, offers or reminders about your account or about member events, sales, offers and promotions. You are not on this list and have received this email in error. Please do not send us more emails and we apologize for any inconvenience.

If you would prefer to opt out of such emails from Marriott International, Marriott Rewards or its participating brands, **you may do so here**. In addition, you may unsubscribe from this Marriott email community **here**.

Please note: Should you unsubscribe from promotional email, we will continue to send messages for transactions such as reservation confirmations, point redemption, etc.

Confirmation Authenticity

We're sending you this reservation notice as a convenience for your convenience. Marriott keeps an official record of all reservations confirmed. Any terms not included herein will be governed by the terms and conditions that may have been provided at the time you booked your stay.

If you have any questions regarding this reservation, please **let us know**.

© 2014 Marriott International, Inc. All rights reserved. Marriott Rewards Terms and Conditions
TERMS OF USE | INTERNET PRIVACY STATEMENT



From: Sandberg, Mark (DTMB)
Sent: Friday, February 05, 2016 4:28 PM
To: Wonn, Michael (DTMB)
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Brian informed me yesterday that he is needed for the Flint water transport. Is there a specific duration that he is scheduled for? I'm trying to plan for while he is gone.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Thursday, January 28, 2016 7:30 AM
To: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Brian, I'll notify you as more information is passed along to me.

From: Aprill, Brian (DTMB)
Sent: Wednesday, January 27, 2016 2:24 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

I would be willing to help out on the 7th if need for the seven days.

Brian Aprill

Engineering Assistant
Michigan's Public Safety Communication System
4000 Collins Rd.
Lansing, MI 48910

Office: 517-336-6212
Fax: 517-336-6222
aprillb@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS / Engineering** is moving. My new contact information will be:

Phone: (517) 284-4087
Fax: (517) XXX-XXXX
Address: 7150 Harris Drive, PO Box #30634, Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 12:48 PM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Rodney,

It appears the first opening for a driver would be starting on Feb 7th assuming they still need drivers. I would prefer that anyone interested be able to drive for at least an entire 7-day week. I'll let you know more as that date arrives.

Thanks,

Michael Wonn

VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: MPSCS CDL Drivers For Flint

Mike,

I have 2 drives to help with hauling water.

Greg Hodge hodgeg@michigan.gov CDL class B
Brian Aprill aprillb@michigan.gov CDL class A

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:
7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

From: Sandberg, Mark (DTMB)
Sent: Monday, February 08, 2016 7:59 AM
To: Wonn, Michael (DTMB)
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Mike. I don't have anyone else with a CDL and I think you've been in contact with our other managers that do but I'll let you know if hear anything. Let me know if something changes with Brian's schedule.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 7:49 AM
To: Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Hi Mark,

We're hoping to do a minimum of two-weeks for each employee. Some of them have gone as long as four weeks but they're pretty burnt-out by then since it's 7-days a week and approximately 12 hours per day. If you have any other CDL drivers that are interested, I'd be happy to include them in the rotation. I'm not sure how long this is going on, I've heard possibly into April.

Let me know your thoughts.

Thanks,
Mike

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Sandberg, Mark (DTMB)
Sent: Friday, February 05, 2016 4:28 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Brian informed me yesterday that he is needed for the Flint water transport. Is there a specific duration that he is scheduled for? I'm trying to plan for while he is gone.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Thursday, January 28, 2016 7:30 AM
To: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Brian, I'll notify you as more information is passed along to me.

From: Aprill, Brian (DTMB)
Sent: Wednesday, January 27, 2016 2:24 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

I would be willing to help out on the 7th if need for the seven days.

Brian Aprill

Engineering Assistant
Michigan's Public Safety Communication System
4000 Collins Rd.

Lansing, MI 48910
Office: 517-336-6212
Fax: 517-336-6222
aprillb@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS / Engineering** is moving. My new contact information will be:

Phone: (517) 284-4087
Fax: (517) XXX-XXXX
Address: 7150 Harris Drive, PO Box #30634, Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 12:48 PM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Rodney,

It appears the first opening for a driver would be starting on Feb 7th assuming they still need drivers. I would prefer that anyone interested be able to drive for at least an entire 7-day week. I'll let you know more as that date arrives.

Thanks,

Michael Wonn

VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: MPSCS CDL Drivers For Flint

Mike,

I have 2 drives to help with hauling water.

Greg Hodge hodgeg@michigan.gov CDL class B

Brian Aprill aprillb@michigan.gov CDL class A

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:
7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

From: Sandberg, Mark (DTMB)
Sent: Monday, February 08, 2016 11:06 AM
To: Wonn, Michael (DTMB)
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Here's Brian's info. Let me know if you need anything else.

Employee ID: 532415
Cell #: 231-649-2173

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 10:40 AM
To: Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Mark, do you have Brian's employee ID and a cell number?

From: Sandberg, Mark (DTMB)
Sent: Monday, February 08, 2016 7:59 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Mike. I don't have anyone else with a CDL and I think you've been in contact with our other managers that do but I'll let you know if hear anything. Let me know if something changes with Brian's schedule.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 7:49 AM
To: Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Hi Mark,

We're hoping to do a minimum of two-weeks for each employee. Some of them have gone as long as four weeks but they're pretty burnt-out by then since it's 7-days a week and approximately 12 hours per day. If you have any other CDL drivers that are interested, I'd be happy to include them in the rotation. I'm not sure how long this is going on, I've heard possibly into April.

Let me know your thoughts.

Thanks,
Mike

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Sandberg, Mark (DTMB)
Sent: Friday, February 05, 2016 4:28 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Brian informed me yesterday that he is needed for the Flint water transport. Is there a specific duration that he is scheduled for? I'm trying to plan for while he is gone.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086

Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Thursday, January 28, 2016 7:30 AM
To: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Brian, I'll notify you as more information is passed along to me.

From: Aprill, Brian (DTMB)
Sent: Wednesday, January 27, 2016 2:24 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

I would be willing to help out on the 7th if need for the seven days.

Brian Aprill

Engineering Assistant
Michigan's Public Safety Communication System
4000 Collins Rd.
Lansing, MI 48910
Office: 517-336-6212
Fax: 517-336-6222
aprillb@michigan.gov

> **PLEASE NOTE:** Effective **February 1, 2016**, the **MPSCS / Engineering** is moving. My new contact information will be:
>
> Phone: (517) 284-4087
> Fax: (517) XXX-XXXX
> Address: 7150 Harris Drive, PO Box #30634, Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 12:48 PM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Rodney,

It appears the first opening for a driver would be starting on Feb 7th assuming they still need drivers. I would prefer that anyone interested be able to drive for at least an entire 7-day week. I'll let you know more as that date arrives.

Thanks,

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: MPSCS CDL Drivers For Flint

Mike,

I have 2 drives to help with hauling water.

Greg Hodge hodgeg@michigan.gov CDL class B
Brian Aprill aprillb@michigan.gov CDL class A

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:

7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

From: Mathews, Jamie (DTMB)
Sent: Monday, February 15, 2016 3:08 PM
To: Wonn, Michael (DTMB)
Subject: Flint_Water_Crisis_Expenses
Attachments: Flint_Water_Crisis_Expenses.xlsx

Here you go

Flint Water

		Week 1	1/9/2016		1/10/2016		1/11/2016		1/12/2016		1/13/2016		1/14/2016		1/15/2016		1/16/2016		Total		Pay Rate	Reg	OT
EID	Home Index	Name	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT			
729029	77009	**Brent Thelen**		9		13.5												13	**0**	**35.5**	$ 49.89	$ -	$ **2,656.64**
182340	77009	**Jim Thomas**				13.5	8	4	8	4	8	4	8	4	8	4		12	**40**	**45.5**	$ 49.31	$ **1,972.40**	$ **3,365.41**
114340	77008	**Jeff Bailey**					8	4	8	4	8	4	8	4	8	4		12	**40**	**32**	$ 39.94	$ **1,597.60**	$ **1,917.12**
1131981	47021	**Sam Putmon**							8	4.5	8	4.5	8	3.5	8	4			**32**	**16.5**	$ 38.38	$ **1,228.16**	$ **949.91**
1072864	77009	**Sean Dennison**					8	2	8	4	8	4.5	8	2					**32**	**12.5**	$ 45.44	$ **1,454.08**	$ **852.00**
121796	77009	**Brian Cardwell**																12.5	**0**	**12.5**	$ 43.49	$ -	$ **815.44**
1123082	67090	**Kevin Moe**									8	3.5	8	4.5	8	4.5		13.5	**24**	**26**	$ 36.08	$ **865.92**	$ **1,407.12**
1109675	67090	**John Lance**									8	5.5	8	4	8	3.5		12.5	**24**	**25.5**	$ 48.10	$ **1,154.40**	$ **1,839.83**
1076463	67090	**John Patterson**									8	3.5	8	4.5	8	4.5		13.5	**24**	**26**	$ 32.45	$ **778.80**	$ **1,265.55**
615884	77008	**Shawn Doolittle**									3		3		3				**0**	**12**	$ 41.76	$ -	$ **751.68**
175341	74202	**Todd Martin**						7.5												**7.5**	$ 41.29	$ -	$ **464.51**
160497	74202	**Arnie Castillo**						4				1.5								**4**	$ 40.63	$ -	$ **243.78**
179164	74100	**William Banks**						4												**4**	$ 53.25	$ -	$ **319.50**
157462	74100	**Tom Cooley**						8												**8**	$ 50.38	$ -	$ **604.56**
		Total		**9**	**0**	**27**	**24**	**10**	**32**	**16.5**	**56**	**34**	**56**	**29.5**	**48**	**27.5**	**0**	**89**	**216**	**267.5**		**$ 9,051.36**	**$ 17,453.04**

$ 26,504.40

		Week 2	1/17/2016		1/18/2016		1/19/2016		1/20/2016		1/21/2016		1/22/2016		1/23/2016		Total		Pay Rate	Reg	OT
			Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT			
729029	77009	**Brent Thelen**	8	5.5	8	15									6.5		**22.5**	**20.5**	$ 49.89	$ **1,122.53**	$ **1,534.12**
182340	77009	**Jim Thomas**	8	2	8	10	8	2.5	8	4	8	1.5	0	10		11	**40**	**41**	$ 49.31	$ **1,972.40**	$ **3,032.57**
114340	77008	**Jeff Bailey**	8	3	8	10.5	8	2.5	8	3	8	2.5	0	10.5		13.5	**40**	**45.5**	$ 39.94	$ **1,597.60**	$ **2,725.91**
1131981	47021	**Sam Putmon**					8	4	8	4	8	3	0	11		12	**24**	**34**	$ 38.38	$ **921.12**	$ **1,257.38**
1072864	77009	**Sean Dennison**															**0**	**0**	$ 45.44	$ -	$ -
121796	77009	**Brian Cardwell**	8	2	8	12.5								8		0	**16**	**22.5**	$ 43.49	$ **695.84**	$ **1,467.79**
1133481	47021	**Steve Kesson**					8	5									**8**	**5**	$ 31.99	$ **255.92**	$ **239.93**
1123082	67090	**Kevin Moe**	8	3	8	13	8	4.5	8	4	8	5.25	0	13.5		12	**40**	**55.25**	$ 36.08	$ **1,443.20**	$ **2,990.13**
1109675	67090	**John Lance**	8	4.5	8	12.5	8	6.5	0	0	8	4.5	8	4.5		12.75	**40**	**45.25**	$ 48.10	$ **1,924.00**	$ **3,264.79**
1076463	67090	**John Patterson**	8	3	8	13.25	8	4.5	8	4	8	3.5	0	9.5			**40**	**37.75**	$ 32.45	$ **1,298.00**	$ **1,837.48**
1108530	39500	**Bill Selleck***														13	**0**	**13**	$ 41.08	$ -	$ **801.06**
175341	74202	**Todd Martin**						2		2		2						**6**	$ 41.29	$ -	$ **371.61**
		Total	56	23	56	86.75	56	29.5	40	19	48	20.25	8	67	6.5	74.25	270.5	325.75		$ 11,230.61	$ 20,222.75

		Week 3	1/24/2016		1/25/2016		1/26/2016		1/27/2016		1/28/2016		1/29/2016		1/30/2016		Total		Pay Rate	Reg	OT
			Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT			
729029	77009	**Brent Thelen**	8	2										8			**8**	**10**	$ 49.89	$ **399.12**	$ **748.35**
182340	77009	**Jim Thomas**	8	2													**8**	**2**	$ 49.31	$ **394.48**	$ **147.93**
114340	77008	**Jeff Bailey**					4		8	1.5	8	1	8	1			**28**	**3.5**	$ 39.94	$ **1,118.32**	$ **209.69**
1131981	47021	**Sam Putmon**	8	3									8				**8**	**11**	$ 38.38	$ **307.04**	$ **633.27**
1072864	77009	**Sean Dennison**									8	2	8	2			**16**	**4**	$ 45.44	$ **727.04**	$ **272.64**
121796	77009	**Brian Cardwell**															**0**	**0**	$ 43.49	$ -	$ -
1133481	47021	**Steve Kesson**															**0**	**0**	$ 31.99	$ -	$ -
1123082	67090	**Kevin Moe**	8	4.5	8	6	8	6	8	5.5	8	5.5		13.5		12.5	**40**	**53.5**	$ 36.08	$ **1,443.20**	$ **2,895.42**
1109675	67090	**John Lance**	8	4.5	8	4.5	8	4.5	8	4.5	8	4.5		12.5		12.5	**40**	**47.5**	$ 48.10	$ **1,924.00**	$ **3,427.13**
1076463	67090	**John Patterson**															**0**	**0**	$ 32.45	$ -	$ -
1108530	39500	**Bill Selleck***	8	4.5	8	6	8	6	8	3.5	8	4		10.5		11.5	**40**	**46**	$ 41.08	$ **1,643.20**	$ **2,834.52**
132287	47019	**Dale Dipple**									2.5	2					**2.5**	**2**	$ 46.25	$ **115.63**	$ **138.75**
160497	74202	**Arnie Castillo**										3						**3**	$ 40.63		$ **182.84**
1084044	74202	**Randy Kartunnen**								5								**5**	$ 51.97		$ **389.78**
157462	74100	**Tom Cooley**								2								**2**	$ 50.90		$ **152.70**
		Total															190.5	189.5		$ 8,072.03	$ 12,033.00

*Funded by IT-084

		Week 4	1/31/2016		2/1/2016		2/2/2016		2/3/2016		2/4/2016		2/5/2016		2/6/2016		Total		Pay Rate	Reg	OT
			Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT			
729029	77009	**Brent Thelen**													3.5		**0**	**3.5**	$ 49.89	$ -	$ **261.92**
182340	77009	**Jim Thomas**															**0**	**0**	$ 49.31	$ -	$ -
114340	77008	**Jeff Bailey**					8	1	8	1	8	1					**24**	**3**	$ 39.94	$ **958.56**	$ **179.73**
1131981	47021	**Sam Putmon**															**0**	**0**	$ 38.38	$ -	$ -
1072864	77009	**Sean Dennison**			8	2	8	1.5	8	2.5	8	1	8	2			**40**	**9**	$ 45.44	$ **1,817.60**	$ **613.44**
121796	77009	**Brian Cardwell**															**0**	**0**	$ 43.49	$ -	$ -
1133481	47021	**Steve Kesson**															**0**	**0**	$ 31.99	$ -	$ -
1123082	67090	**Kevin Moe**	8	4.5	8	4.5	8	5	8	4	8	3.5		12.25			**40**	**33.75**	$ 36.08	$ **1,443.20**	$ **1,826.55**
1109675	67090	**John Lance**	8	4													**8**	**4**	$ 48.10	$ **384.80**	$ **288.60**
1076463	67090	**John Patterson**			8	4.5	8	5	8	3	8	1.5	8	4.5		10	**40**	**28.5**	$ 32.45	$ **1,298.00**	$ **1,387.24**
1108530	39500	**Bill Selleck***	8	3.5	8	3.5	8	3	8	1.5	8	3		11.5		9	**40**	**35**	$ 41.08	$ **1,643.20**	$ **2,156.70**
532415	39600	**Brian April***														10	**0**	**10**		$ -	$ -
132287	47019	**Dale Dipple**															**0**	**0**	$ 46.25	$ -	$ -
1083578	74100	**Scott Barclay**			2.5												**2.5**	**0**	$ 42.09	$ **105.23**	$ -
1110751	74100	**Brad Schumann**												2.5			**0**	**2.5**	$ 44.21	$ -	$ **165.79**
157462	74100	**Tom Cooley**										1.5					**0**	**1.5**	$ 50.90	$ -	$ **114.53**
		Total															194.5	130.75		$ 7,650.59	$ 6,994.49

*Funded by IT-084

		Week 5	2/7/2016		2/8/2016		2/9/2016		2/10/2016		2/11/2016		2/12/2016		2/13/2016		Total		Pay Rate	Reg	OT
			Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT			
729029	77009	**Brent Thelen**															**0**	**0**	$ 49.89	$ -	$ -
182340	77009	**Jim Thomas**															**0**	**0**	$ 49.31	$ -	$ -
114340	77008	**Jeff Bailey**															**0**	**0**	$ 39.94	$ -	$ -
1131981	47021	**Sam Putmon**															**0**	**0**	$ 38.38	$ -	$ -
1072864	77009	**Sean Dennison**															**0**	**0**	$ 45.44	$ -	$ -
121796	77009	**Brian Cardwell**															**0**	**0**	$ 43.49	$ -	$ -
1133481	47021	**Steve Kesson**															**0**	**0**	$ 31.99	$ -	$ -
1123082	67090	**Kevin Moe**															**0**	**0**	$ 36.08	$ -	$ -
1109675	67090	**John Lance**															**0**	**0**	$ 48.10	$ -	$ -
1076463	67090	**John Patterson**	8	2.5	8	3	8	3.75	8	3	8	3.5		10		11.5	**40**	**37.25**	$ 32.45	$ **1,298.00**	$ **1,813.14**
1108530	39500	**Bill Selleck***	8	3	8	2.5	8	2.5	8	2.5	8	1.5		9.5		10	**40**	**31.5**	$ 41.08	$ **1,643.20**	$ **1,941.03**
532415	39600	**Brian April***	8	2.5	8	3	8	3.75	8	2.5	8	3.5		10		11	**40**	**36.25**		$ -	$ -
132287	47019	**Dale Dipple**															**0**	**0**	$ 46.25	$ -	$ -
1083578	74100	**Scott Barclay**															**0**	**0**	$ 42.09	$ -	$ -
1110751	74100	**Brad Schumann**															**0**	**0**	$ 44.21	$ -	$ -
157462	74100	**Tom Cooley**															**0**	**0**	$ 50.90	$ -	$ -
		Total															120	105		$ 2,941.20	$ 3,754.17

*Funded by IT-084

		Week 6	2/14/2016		2/15/2016		2/16/2016		2/17/2016		2/18/2016		2/19/2016		2/20/2016		Total		Pay Rate	Reg	OT
			Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT			
729029	77009	**Brent Thelen**															**0**	**0**	$ 49.89	$ -	$ -
182340	77009	**Jim Thomas**															**0**	**0**	$ 49.31	$ -	$ -
114340	77008	**Jeff Bailey**															**0**	**0**	$ 39.94	$ -	$ -
1131981	47021	**Sam Putmon**															**0**	**0**	$ 38.38	$ -	$ -
1072864	77009	**Sean Dennison**															**0**	**0**	$ 45.44	$ -	$ -
121796	77009	**Brian Cardwell**															**0**	**0**	$ 43.49	$ -	$ -
1133481	47021	**Steve Kesson**															**0**	**0**	$ 31.99	$ -	$ -
1123082	67090	**Kevin Moe**															**0**	**0**	$ 36.08	$ -	$ -
1109675	67090	**John Lance**															**0**	**0**	$ 48.10	$ -	$ -
1076463	67090	**John Patterson**	8	1.25													**8**	**1.25**	$ 32.45	$ **259.60**	$ **60.84**
1108530	39500	**Bill Selleck***															**0**	**0**	$ 41.08	$ -	$ -
532415	39600	**Brian April***	8	1													**8**	**1**		$ -	$ -
132287	47019	**Dale Dipple**															**0**	**0**	$ 46.25	$ -	$ -
1083578	74100	**Scott Barclay**															**0**	**0**	$ 42.09	$ -	$ -
1110751	74100	**Brad Schumann**															**0**	**0**	$ 44.21	$ -	$ -
157462	74100	**Tom Cooley**															**0**	**0**	$ 50.90	$ -	$ -
		Total															16	2.25		$ 259.60	$ 60.84

*Funded by IT-084

	Total Payroll	Overtime
Week 1	$ 26,504.40	$ 17,453.04
Week 2	$ 31,453.35	$ 20,222.75
Week 3	$ 20,105.03	$ 12,033.00
Week 4	$ 14,645.08	$ 6,994.49
Week 5	$ 6,695.37	$ 3,754.17
Week 6	$ 259.60	$ 60.84
Total	$ 92,707.86	$ 56,703.28

Printing Services Billings

Job #	Home Index
110661	71105
110675	71105
110727	71105
110959	71105
111035	71105
111126	71105
111231	71105
	71105
111402	71105
111524	71105
111578	71105
111631	71105
111659	71105
111660	71105
111827	71105
111830	71105
111829	71105
111828	71105
111867	71105
111904	71105
111911	71105
112139	71105
112275	71105

Description	Quantity	Cost
Palm Card- English	75,000	$ 12,627.13
Palm Card- Spanish	15,000	$ 4,834.61
Testing Form	20,000	$ 1,857.00
Testing Form	25,000	$ 2,312.00
Palm Card- English	35,300	$ 8,127.39
Testing Form	25,000	$ 2,312.00
Testing Form- Spanish	30,000	$ 2,967.00
Palm Card- Arabic	1,000	$ 247.17
GC Health Dept 30,000 (8-1/2 x 11) DEQ Flint 10,000 (8-1/2 x 11) GC Lead 30,000 (8-1/2 x 14) How to Install 30,000 (11x17)	100,000	$ 7,466.26
Door Hanger and Recycle Card	5000 ea	$ 1,752.32
Translate 4 docs to Spanish	1	$ 777.00
Translate Reposnse Team from Spanish to English	1	$ 169.00
Water Testing Form- English	20000	$ 1,857.00
Translate Clean your Aerator - Spanish and Arabic and Lead in Your Water Sheets- Spanish	2	$ 327.00
Keeping Your Home Lead Safe	30000	$ 1,842.99
10 Do's and Don'ts of CERC	1,000	$ 387.65
Adding Phosphate to Flint Water	3000	$ 608.20
Six Principles of CERC	1000	$ 223.14
Palm Card- English	25000	$ 6,275.34
Translate Recycling Inst.	1	$ 119.00
Flint Water Flyers- 3 @ 200	600	$ 244.70
Door Hanger Reprint w/Change	5000	$ 1,185.33
Recycle Card	3000	$ 224.88
	TOTAL	$ 58,744.11

Print Expenses charged directly Index #71105

Meals

Home Index	77009			77009			77008			47021			77009			77009			47021			
	Brent Thelen			Jim Thomas			Jeff Bailey			Sam Putmon			Sean Dennison			Brian Cardwell			Steve Kesson			Total
Date	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	
1/9/2016																						$ -
1/10/2016																						$ -
1/11/2016																						$ -
1/12/2016																						$ -
1/13/2016								$ 6.35	$ 13.73													$ 20.08
1/14/2016									$ 5.30													$ 5.30
1/15/2016																						$ -
1/16/2016									$ 6.35													$ 6.35
1/17/2016									$ 13.73													$ 13.73
1/18/2016								$ 6.63	$ 12.18													$ 18.81
1/19/2016																						$ -
1/20/2016									$ 12.71													$ 12.71
1/21/2016									$ 4.51													$ 4.51
1/22/2016									$ 12.31													$ 12.31
1/23/2016																						$ -
1/24/2016																						$ -
1/25/2016																						$ -
1/26/2016																						$ -
1/27/2016																						$ -
1/28/2016																						$ -
1/29/2016																						$ -
1/30/2016																						$ -
1/31/2016																						$ -
2/1/2016																						$ -
2/2/2016																						$ -
2/3/2016																						$ -
2/4/2016																						$ -
2/5/2016																						$ -
2/6/2016																						$ -
2/7/2016																						$ -
2/8/2016																						$ -
2/9/2016																						$ -
2/10/2016																						$ -
2/11/2016																						$ -
2/12/2016																						$ -
2/13/2016																						$ -
2/14/2016																						$ -
																					Total	$ 93.80

Allotted $ $8.50 $8.50 $19.00

Home Index	67090			67090			67090			39500			39600									
	Kevin Moe			John Patterson			John Lance			Bill Selleck			Brian Aprill									Total
Date	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	
1/9/2016	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							$ -
1/10/2016	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							$ -
1/11/2016	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							$ -
1/12/2016	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							$ -
1/13/2016			-			-				-	-	-	-	-	-							$ -
1/14/2016			-			-				-	-	-	-	-	-							$ -
1/15/2016			-			-				-	-	-	-	-	-							$ -
1/16/2016		$ 5.45	-			-			$ 6.41	-	-	-	-	-	-							$ 11.86
1/17/2016	-	$ 17.00	-	-	$ 17.00	-				-	-	-	-	-	-							$ 34.00
1/18/2016			-			-	-	-	$ 35.00	-	-	-	-	-	-							$ 35.00
1/19/2016			-	-	$ 17.00	-				-	-	-	-	-	-							$ 17.00
1/20/2016			-			-	-	-	-	-	-	-	-	-	-							$ -
1/21/2016			-			-				-	-	-	-	-	-							$ -
1/22/2016			-		$ 10.79	-				-	-	-	-	-	-							$ 10.79
1/23/2016		$ 5.30	-	-	-	-						$ 6.35	-	-	-							$ 11.65
1/24/2016			-	-	-	-				$ 4.44			-	-	-							$ 4.44
1/25/2016		$ 3.49	-	-	-	-								-	-							$ 3.49
1/26/2016		$ 6.77		-	-	-							-	-	-							$ 6.77
1/27/2016			-	-	-	-	$ 3.83		$ 16.84		$ 12.36	-	-	-	-							$ 33.03
1/28/2016		$ 15.11	-	-	-	-				$ 5.50		-	-	-	-							$ 20.61
1/29/2016	-	$ 17.00	-	-	-	-				-		-	-	-	-							$ 17.00
1/30/2016		$ 6.95	-	-	-	-				-		-	-	-	-							$ 6.95
1/31/2016		$ 6.77	-	-	-	-			-	-		-	-	-	-							$ 6.77
2/1/2016		$ 5.45	-	-	$ 17.00	-	-	-	-	-	$ 8.50	-	-	-	-							$ 30.95
2/2/2016		$ 16.51	-	-	$ 16.31	-	-	-	-	-	$ 8.50	-	-	-	-							$ 41.32
2/3/2016		$ 5.87	-			-	-	-	-	-	$ 8.50	-	-	-	-							$ 14.37
2/4/2016		$ 6.95	-			-	-	-	-	-	$ 7.79	-	-	-	-							$ 14.74
2/5/2016			-	-	$ 15.00	-	-	-	-	-	$ 8.16	-	-	-	-							$ 23.16
2/6/2016	-	-	-		$ 5.18	-	-	-	-	-	$ 8.50	-			-							$ 13.68
2/7/2016	-	-	-	-	$ 9.94	-	-	-	-	-	$ 7.37	-			-							$ 17.31
2/8/2016	-	-	-		$ 4.64	-	-	-	-	-	$ 8.50	-			-							$ 13.14
2/9/2016	-	-	-			-	-	-	-	-		-			-							$ -
2/10/2016	-	-	-			-	-	-	-	-		-			-							$ -
2/11/2016	-	-	-			-	-	-	-	-		-			-							$ -
2/12/2016	-	-	-			-	-	-	-	-		-			-							$ -
2/13/2016	-	-	-			-	-	-	-	-		-			-							$ -
2/14/2016																						$ -
2/15/2016																						$ -
2/16/2016																						$ -
																					Total	$ 388.03

Indicates what meals the employee was entitled too

Week 1	$ 43.59
Week 2	$ 170.51
Week 3	$ 92.29
Week 4	$ 144.99
Week 5	$ 30.45
Week 6	
Total	$ 481.83

Hours Worked

Home Index

	Brent Thelen		Jim Thomas		Jeff Bailey		Sam Putmon		Sean Dennison		Brian Cardwell		Steve Kesson	
Date	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time
1/9/2016														
1/10/2016														
1/11/2016														
1/12/2016														
1/13/2016														
1/14/2016														
1/15/2016														
1/16/2016														
1/17/2016														
1/18/2016														
1/19/2016														
1/20/2016														
1/21/2016														
1/22/2016														
1/23/2016														

Home Index 67090 67090 67090 39500

	Kevin Moe		John Patterson		John Lance		Bill Selleck		Brian Aprill					
Date	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time	Srart Time	End Time
1/9/2016	-	-	-	-	-	-	-	-	-	-				
1/10/2016	-	-	-	-	-	-	-	-	-	-				
1/11/2016	-	-	-	-	-	-	-	-	-	-				
1/12/2016	-	-	-	-	-	-	-	-	-	-				
1/13/2016	5:55 AM	6:00 PM	5:55 AM	6:00 PM	6:30 AM	8:30 PM	-	-	-	-				
1/14/2016	5:55 AM	7:00 PM	5:55 AM	7:00 PM	7:00 AM	7:30 PM	-	-	-	-				
1/15/2016	5:55 AM	7:00 PM	5:55 AM	7:00 PM	7:00 AM	7:00 PM	-	-	-	-				
1/16/2016	5:55 AM	8:00 PM	5:55 AM	8:00 PM	7:00 AM	8:00 PM	-	-	-	-				
1/17/2016	5:55 AM	5:30 PM	5:55 AM	5:30 PM	7:00 AM	8:00 PM	-	-	-	-				
1/18/2016	5:55 AM	7:30 PM	5:55 AM	7:30 PM	6:30 AM	7:30 PM	-	-	-	-				
1/19/2016	5:55 AM	7:00 PM	5:55 AM	7:00 PM	6:30 AM	9:30 PM	-	-	-	-				
1/20/2016	5:55 AM	6:30 PM	5:55 AM	6:30 PM	-	-	-	-	-	-				
1/21/2016	5:55 AM	7:45 PM	5:55 AM	6:00 PM	5:30 AM	6:30 PM	-	-	-	-				
1/22/2016	5:55 AM	8:00 PM	5:55 AM	4:00 PM	6:30 AM	7:30 PM	-	-	-	-				
1/23/2016	5:55 AM	6:30 PM	-	-	6:30 AM	7:45 PM	5:55 AM	7:30 PM	-	-				
1/24/2016	5:55 AM	7:00 PM	-	-	6:30 AM	7:30 PM	5:55 AM	7:30 PM	-	-				
1/25/2016	5:55 AM	8:30 PM	-	-	6:30 AM	7:30 PM	5:55 AM	8:30 PM	-	-				
1/26/2016	5:55 AM	8:30 PM	-	-	6:30 AM	7:30 PM	5:55 AM	8:30 PM	-	-				
1/27/2016	5:55 AM	8:00 PM	-	-	6:30 AM	7:30 PM	7:00 AM	7:00 PM	-	-				
1/28/2016	5:55 AM	8:00 PM	-	-	6:30 AM	7:30 PM	7:00 AM	7:30 PM	-	-				
1/29/2016	5:55 AM	8:00 PM	-	-	6:30 AM	7:30 PM	7:00 AM	6:00 PM	-	-				
1/30/2016	5:55 AM	7:00 PM	-	-	6:30 AM	7:30 PM	7:00 AM	7:00 PM	-	-				
1/31/2016	5:55 AM	7:00 PM	-	-	6:30 AM	7:00 PM	7:00 AM	7:00 PM	-	-				
2/1/2016	5:55 AM	7:00 PM	5:55 AM	7:00 PM	-	-	7:00 AM	7:00 PM	-	-				
2/2/2016	5:55 AM	7:30 PM	5:55 AM	7:30 PM	-	-	7:00 AM	6:30 PM	-	-				
2/3/2016	5:55 AM	6:30 PM	5:55 AM	5:30 PM	-	-	7:00 AM	5:00 PM	-	-				
2/4/2016	7:00 AM	7:00 PM	5:55 AM	4:00 PM	-	-	7:00 AM	6:30 PM	-	-				
2/5/2016	7:00 AM	7:45 PM	5:55 AM	7:00 PM	-	-	7:00 AM	7:00 PM	-	-				
2/6/2016	-	-	5:55 AM	4:30 PM	-	-	7:00 AM	4:30 PM	5:55 AM	4:30 PM				
2/7/2016	-	-	5:55 AM	5:00 PM	-	-	7:00 AM	6:30 PM	5:55 AM	5:00 PM				
2/8/2016	-	-	5:55 AM	5:30 PM	-	-	7:00 AM	5:00 PM	5:55 AM	5:30 PM				
2/9/2016	-	-	5:55 AM	6:15 PM	-	-	7:00 AM	6:00 PM	5:55 AM	6:15 PM				
2/10/2016	-	-	5:55 AM	5:00 PM	-	-	7:00 AM	6:00 PM	5:55 AM	5:00 PM				
2/11/2016	-	-	5:55 AM	6:00 PM	-	-	7:00 AM	5:00 PM	5:55 AM	6:00 PM				
2/12/2016	-	-	5:55 AM	4:30 PM	-	-	7:00 AM	5:00 PM	5:55 AM	4:30 PM				
2/13/2016	-	-	5:55 AM	6:00 PM	-	-	7:00 AM	5:30 PM	5:55 AM	5:30 PM				
2/14/2016			5:55 AM	3:45 PM					5:55 AM	3:30 PM				
2/15/2016														
2/16/2016														

Overnight Status

Car Accident-8 Reg; 2.5 OT/ 9.5 A

Star Truck Rental

Star Truck Rentals

Home Index	Date	Daily Rate	# of Trucks	Miles	Mileage Rate	Mileage total
77009	1/12/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/13/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/14/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/15/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/16/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/17/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/18/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/19/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/20/2016	$ 94.50	$ 189.00		0.1725	0
77009	1/21/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/22/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/23/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/24/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/25/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/26/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/27/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/28/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/29/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/30/2016	$ 94.50	$ 283.50		0.1725	0
77009	1/31/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/1/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/2/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/3/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/4/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/5/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/6/2016	$ 94.50	$ 283.50		0.1725	0
77009	2/7/2016	$ 94.50			0.1725	
77009	2/8/2016	$ 94.50			0.1725	
77009	2/9/2016	$ 94.50			0.1725	
77009	2/10/2016	$ 94.50			0.1725	
77009	2/11/2016	$ 94.50			0.1725	
77009	2/12/2016	$ 94.50			0.1725	
77009	2/13/2016	$ 94.50			0.1725	

IFTA Surcharge/ Insurance	Truck Total
	$ 189.00
	$ 189.00
	$ 189.00
	$ 189.00
	$ 189.00
	$ 189.00
	$ 189.00
	$ 189.00
	$ 189.00
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ 283.50
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -

Actual Charges

1/20/2016	$ 292.91
2/8/2016	$ 1,369.66

Charges are being billed t

Week 1	$ 945.00
Week 2	$ 1,606.50
Week 3	$ 1,984.50
Week 4	$ 1,984.50
Week 5	$ -
Week 6	

Total

As of Feb 5, 2016

Sum of Cost		
Vehicle Number	Total	Change from last week
M1653	$138.80	No
M7886	$44.69	No
M7986	$37.39	No
M8235	$34.96	No
M8412	$52.29	No
M8601	$42.86	No
M8622	$13.68	No
M9259	$9.12	No
M9345	$40.95	No
M9423	$9.12	No
S0095	$12.16	No
S1898	$364.79	Yes
S2101	$36.48	No
SP004	$610.27	Yes
SP005	$373.94	Yes
SP008	$408.95	No
SP011	$544.48	Yes
SP012	$551.16	Yes
SP013	$336.00	No
SP015	$27.06	No
SP018	$188.54	Yes
Grand Total	$3,877.69	

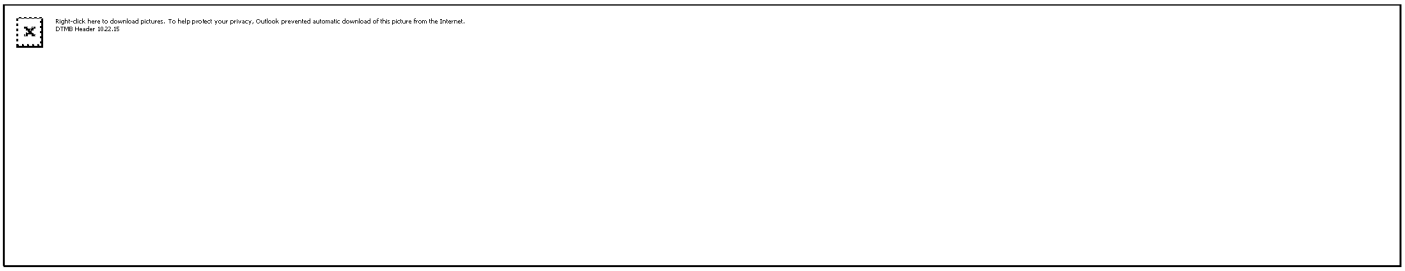
Name	Home Index	Charge	Date	Amount
John Lance	71105	Hotel	1/13/2016*	98.79
	71105		1/14/2016*	98.79
	71105		1/15/2016*	105.45
	71105		1/16/2016*	105.45
	71105		1/17/2016*	98.79
	71105		1/18/2016*	98.79
John Lance	67090	Hotel	1/21/2016	94.35
	67090		1/22/2016	94.35
	67090		1/23/2016	94.35
	67090		1/24/2016	94.35
	67090		1/25/2016	94.35
	67090		1/26/2016	94.35
	67090		1/27/2016	94.35
	67090		1/28/2016	94.35
	67090		1/29/2016	94.35
	67090		1/30/2016	94.35

*Hotel Expenses was charged directly Index #71105

Week 1	408.48
Week 2	480.63
Week 3	660.45
Week 4	
Total	1549.56

Summary of Expenses							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total
	1/9-1/16	1/17-1/23	1/24-1/30	1/31-2/6	2/7-2/13		
Payroll							
Reg	$ 9,051.36	$ 11,230.61	$ 8,072.03	$ 14,645.08	$ 6,695.37		$ 42,999.07
OT	$ 17,453.04	$ 20,222.75	$ 12,033.00	$ 6,994.49	$ 3,754.17		$ 56,703.28
Printing							$ 58,744.11
Meals	$ 43.59	$ 170.51	$ 92.29	$ 144.99	$ 30.45	$ -	$ 451.38
Truck Rental	$ 945.00	$ 1,606.50	$ 1,984.50	$ 1,984.50	$ -		$ 6,520.50
Fuel							$ 3,877.69
Other Exp	408.48	480.63	660.45	0			$ 1,549.56
Total							$ 170,845.59

From: DTMB Director and CIO David Behen <dtmb@govsubscriptions.michigan.gov>
Sent: Wednesday, February 17, 2016 10:10 AM
To: Wonn, Michael (DTMB)
Subject: The Gov. Snyder's Budget Proposal



Good morning everyone. I hope everyone had a great holiday weekend.

I had the good fortune to travel to Marquette on Monday with Chad Laidlaw, DTMB's policy and planning analyst, to meet with city, business and university leaders and to address the Economic Club of Marquette. I told them about the many things DTMB does, placing special emphasis on our work in mobility and cybersecurity. Marquette is really developing and making its mark as an innovative and entrepreneurial community.

Now work.

The executive budget Gov. Snyder presented last week outlined his investment plan for Michigan. Yes, the proposal for fiscal year 2017-18 outlined a strategy to address the critical challenges of addressing the Flint water crisis and turning around Detroit's Public Schools, but the $54.9 billion plan also includes investment in four key areas:

- **Education.** The budget increases investment to K-12 schools, community colleges and the state's public universities. Additional funds are proposed to expand career, technical, science, technology, engineering and math programs.
- **Protecting the Public.** The governor's plan expands the Secure Cities program, which has reduced violent crime in four major Michigan cities. Funds also would support an additional trooper recruit school and an academy to train corrections officers, among other initiatives.
- **Putting People First.** The governor recommends continued expansion of the Healthy Kids Dental Program and funding efforts to ensure residents have access to affordable health care. His proposal boosts funds to help cover new higher cost specialty medications to treat conditions such as hepatitis C and cystic fibrosis, among others.
- **Investing in Infrastructure.** The proposal allocates $1.2 billion to maintain and repair Michigan roads, bridges and other critical infrastructure.

The budget proposal also includes FY 2017-18 funding recommendations for DTMB. Gov. Snyder recommends ongoing funding of $1.3 billion for department operations and a one-time allocation of $32.4 million.

A few highlights include:

- $502 million for information technology support for all state agencies and $132.8 million for 14 high-priority IT projects in seven agencies. He recommends increasing the Information Technology Investment Fund by $7 million, from $65 million to $72 million. This fund supports several major multiyear IT projects and upgrades, including the replacement of outdated legacy systems.
- An additional $5 million to support cybersecurity improvements to safeguard citizens' personal information and protect critical infrastructure and government services.
- IT support of $6.5 million to modernize the Office of Retirement Services' systems and enhance customer service for more than 530,000 current and future retirees.

You can see the full executive budget recommendations, which are posted on the Budget Office website. Details of DTMB's proposed budget begin on page B-75.

We can expect to see many changes before the budgets are signed and become effective Oct. 1. The executive budget will be used by the House and Senate Appropriations Committees as they work on their own budgets and hold committee hearings on the proposals. I'll keep you posted as the process moves ahead.

As always, I welcome your notes, whether about the budget process or any other topic. Please send them to me at behend@michigan.gov.

Thank you again for all the good work you do. I hope you have a great week ahead.

David

The Department of Technology, Management and Budget
You are receiving this email because you are an employee of the Department of Technology, Management and Budget. If you have questions about your subscription, please contact DTMB-Communications@michigan.gov.

This email was sent to wormm@michigan.gov using GovDelivery, on behalf of DTMB · Lewis Cass Building · 320 South Walnut Street · Lansing, MI 48933 · 517-373-1004

Subject: Mandatory Meeting - DTMB Custodians of Correspondence Related to Flint
Location: Ottawa Builidng - Upper Level – Conference Room 4 OR Call-in: 866-390-1828 access code: 1842654

Start: Thu 2/18/2016 2:00 PM
End: Thu 2/18/2016 3:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: DTMB-Directors-Office
Required Attendees: Behen, David (DTMB); Donnan, Chanda (DTMB); Buhs, Caleb (DTMB); Davenport, Rodney (DTMB); Gelisse, Ashley (DTMB); Gilliland, Michael (DTMB); Spaniolo, Natalie (DTMB); Wilke, Lacey (DTMB); Stansfield, Marsha (DTMB); Ballard, Denice (DTMB); Hampton, Trisha (DTMB); DeCamp, Greg (DTMB); Gibson, Jennifer (DTMB); Hengesbach, Dane (DTMB); Ingersoll, Jean (DTMB); Jeffery, Phillip (DTMB); Philip, Brandon (DTMB); Kopacsi, Christian (DTMB); Doll, Jeanette (DTMB); McKee, Ryan (DTMB); Pratt, Jeff (DTMB); Knapp, Kathy (DTMB); Bidelman, Craig (DTMB); Bussema, Terry (DTMB); Rokely, Rick (DTMB); Tefft, Niki (DTMB); Schlegel, Nicolle (DTMB); Parker, Alexandrea (DTMB); Keilen, Elizabeth (DTMB); McPherson, Victoria (DTMB); Christensen, Chris (DTMB); Lawson, Michelle (DTMB); Nevai, Tom (DTMB); Evans, Carter (DTMB); Fick, James (DTMB); McKee, Robert (DTMB); Perry, Blane (DTMB); Riddering, Eric (DTMB); Rodgers, Anthony (DTMB); Trial, Larry (DTMB); Thompson, Kyleigh (DTMB); Glomski, Tom (DTMB); Seger, Seth (DTMB); Lee, Timothy (DTMB); Sikkema, Tyler (DTMB); Manning, Kelly (DTMB); McFarlane, James (DTMB); Galeazzi, Tiziana (DTMB); Das, Rajiv (DTMB); Pung, Linda (DTMB); Hogan, James (DTMB); Westfall, Laurie (DTMB); Palmer, Jason (DTMB); Stibitz, Brom (DTMB); Trakul, Pamela (DTMB); Swanson, Eric (DTMB); Blastic, Laura (DTMB); Furseth, Kristen (DTMB); Brancheau, Laura (DTMB); Sebok, Yvonne (DTMB); Stankiewicz, Richard (DTMB); Vera, Jason (DTMB); Jehnsen, Jeremy W (DTMB); Jodway, Kenneth (DTMB); Newman, Jeremy (DTMB); Vijayaveeraraghavan, Anupkumar (DTMB); Harmon, Paul (DTMB); Root, Everett (DTMB); Pauley, Suzanne (DTMB); Thompson, John (DTMB); Nolan, Anne (DTMB); Peterson, Rick (DTMB); Stiffler, Michelle (DTMB); Patke, Sunit (DTMB); Estill, John (DTMB); Seckelman, Joe (DTMB); Martin, Ellen (DTMB); Aprill, Brian (DTMB); Ross, Josh (DTMB); Locke, Joel (DTMB); Cross, Steven (DTMB); Clark, John (DTMB); Olkowski, Tony (DTMB); Noldy, Scott (DTMB); Baer, John (DTMB); Dickinson, Holly (DTMB); Post, Corey (DTMB); Cantin, David (DTMB); Brun, Jeremy (DTMB); Hartsuff, Lisa (DTMB); Kosloski, Joni (DTMB); Jordan, Gerald (DTMB); Sweeney, Matthew (DTMB); Turnquist, Michael (DTMB); Morgan, Dan (DTMB); Droste, Kerri (DTMB); Paasch, Keith (DTMB); Scates, Larry (DTMB); Noonan, Michael (DTMB); Walts, Brian (DTMB); Martin, Ric (DTMB); Burns, Robert (DTMB); Doxie, William (DTMB); Clark, Jim (DTMB); Bailey, Maureen (DTMB); Bos, Troy (DTMB); Phillippo, Jamie (DTMB); Spitzley, Troy (DTMB); Darby, Marchan (DTMB); Hawes, Keith (DTMB); Wright, Seth (DTMB); Rambo, Carolyn (DTMB); Millimaki, Shelly (DTMB); Nelson, Christopher (DTMB); Murphy, Chris (DTMB); Clark, Stephanie (DTMB); Cischke, Roy (DTMB); Hofmeister, David (DTMB); Reynolds, Vince (DTMB); VanCoevering, Joyce (DTMB); Ragla, Beth (DTMB); Shaw, Gary (DTMB);

Required Attendees: Wonn, Michael (DTMB); Thompson, Kristi (DTMB); Goodine, Tom (DTMB); Armstrong, Mike (DTMB); Doyle, James (DTMB); Hampton, Kristen (DTMB); Miller, Mark (DTMB); Cooley, Tom (DTMB); Waltersdorf, Rex (DTMB); Monroe, Jerry (DTMB); Bergan, Kristin (DTMB); Banks, William (DTMB); Dyson, Mike (DTMB); Stiles, Dan (DTMB); Chipman, Dan (DTMB); Hodgman, Steve (DTMB); Martin, Todd (DTMB); Weston, Jessica (DTMB); Fitton, Scott (DTMB); Sample, Brice (DTMB); Vanden Bosch, Kerrie (DTMB); Wellman, Jeff (DTMB); Brownlee, Jeff (DTMB); Maynard, Sharon (DTMB); Calahan, Heather (DTMB); Cook, Rebecca (DTMB); Hayes, Genevieve (DTMB); Riehle, Jenni (DTMB); Falik, Tom A. (DTMB); Pemble, William (DTMB); Sambiagio, Melissa (DTMB); Cieciwa, Sue (DTMB); Hunter, Lymon (DTMB); Dufour, Yvon (DTMB); Camp, William (DTMB); Hatch, David (DTMB); Troub, Shelby (DTMB); Epps, Stephanie (DTMB); Herman, Christyn (DTMB); Bliss, Mike (DTMB); Guardiola, Jamie (DTMB); 'jfoley@us.ibm.com'

Optional Attendees: Stanaway, Deb (DTMB); Huhn, Jacqueline (DTMB); McQuaid, John (DTMB); Reasner, Richard (DTMB); Rakowski, Rock (DTMB); Gonzalez, Tonyia (DTMB); Doerr, Stephen (DTMB); Isaacs, Jan (DTMB)

Please note this meeting can be attended in person or via conference call-in. Location and Dial in information are provided below.



All DTMB
Custodians of Co...

***This attachment was updated 2/18/16**

*See agenda below

Requested By:
DTMB Executive Staff

Location:
Ottawa Building
Upper Level – Conference Room 4
611 W. Ottawa Street
Lansing, MI 48933

Call-in: 866-390-1828
Access code: 1842654

Security:
Please have your State Employee ID showing at all times.

Parking:
Metered parking is available along Ottawa and Pine street.

Briefing:
In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive

correspondence and/or documents related to these requests. As a custodian, you are required to produce, by a certain date, any documents containing certain search terms. In this meeting we will review instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Agenda

1) Kickoff – Brom Stibitz, Chief Deputy Director
2) Why you are here – Jean Ingersoll, Interim Chief of Staff
3) What you need to do (February 22, 2016 deadline) – Jean
4) What will be done for you – Jean
5) What's next – Jean
6) Public Information Reminder – Caleb Buhs, Public Information Officer
7) Questions and Answers - Group

SOM Meeting Contact:

Janelle Longanbach
LonganbachJ@michigan.gov
Office: 517-373-4210

Participants:

David Behen
Chanda Donnan
Caleb Buhs
Rodney Davenport
Ashley Gelisse
Michael Gilliland
Natalie Spaniolo
Lacy Wilke
Marsha Stansfield
Denice Ballard
Trisha Hampton
Greg DeCamp
Jennifer Gibson
Dane Hengesbach
Jean Ingersoll
Phillip Jeffery
Brandon Philip
Christian Kopacsi
Jeanette Doll
Ryan McKee
Jeff Pratt
Kathy Knapp
Craig Bidelman
Terry Bussema
Rick Rokely
Niki Tefft
Nicolle Schlegel
Alexandrea Parker
Elizabeth Keilen
Vicki McPherson
Chris Christensen
Michelle Lawson
Tom Nevai

Carter Evans
James Fick
Robert McKee
Blane Perry
Eric Riddering
Anthony Rodgers
Larry Trial
Kyleigh Thompson
Tom Glomski
Seth Seger
Tim Lee
Tyler Sikkema
Kelly Manning
James McFarlane
Tiziana Galeazzi
Rajiv Das
Linda Pung
James Hogan
Laurie Westfall
Jason Palmer
Brom Stibitz
Pam Trakul
Eric Swanson
Laura Blastic
Kristen Furseth
Laura Brancheau
Yvonne Sebok
Richard Stankiewicz
Jason Vera
Jeremy Jehnsen
Ken Jodway
Jeremy Newman
Anup Vijay
Paul Harmon
Everett Root
Suzanne Pauley
John Thompson
Anne Nolan
Rick Peterson
Michelle Stiffler
Sunit Patke
James Foley
John Estill
Joe Seckelman
Ellen Martin
Brian Aprill
Josh Ross
Joel Locke
Steven Cross
John Clark
Tony Olkowski
Scott Noldy

John Baer
Holly Dickinson
Corey Post
David Cantin
Jeremy Brun
Lisa Hartsuff
Joni Kosloski
Gerald Jordon
Matthew Sweeney
Michael Turnquist
Dan Morgan
Kerri Droste
Keith Paasch
Larry Scates
Mike Noonan
Brian Walts
Ric Martin
Robert Burns
William Doxie
Jim Clark
Maureen Bailey
Troy Bos
Jamie Phillippo
Troy Spitzley
Marchan Darby
Keith Hawes
Seth Wright
Carrie Rambo
Shelly Millimaki
Chris Nelson
Chris Murphy
Stephanie Clark
Roy Cischke
David Hofmeister
Vince Reynolds
Joyce Van Coevering
Beth Ragla
Gary Shaw
Mike Wonn
Kristi Thompson
Thomas Goodine
Mike Armstrong
Jim Doyle
Kristen Hampton
Mark Miller
Tom Cooley
Rex Waltersdorf
Jerry Monroe
Kristin Bergan
William Banks
Mike Dyson
Dan Stiles

Dan Chipman
Steve Hodgman
Todd Martin
Jessie Weston
Scott Fitton
Brice Sample
Kerrie Vanden Bosch
Jeff Wellman
Jeff Brownlee
Sharon Maynard
Heather Calahan
Rebecca Cook
Genevieve Hayes
Jennifer Riehle
Tom Falik
Bill Pemble
Melissa Sambiagio
Sue Cieciwa
Lymon Hunter
Yvon Dufour
Will Camp
David Hatch
Shelby Troub
Stephanie Epps



All DTMB
Custodians of Co...

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
LANSING

DAVID B. BEHEN
DIRECTOR

February 17, 2016

TO: All DTMB Custodians of Correspondence Related to Flint

FROM: Jean Ingersoll, Interim Chief of Staff to David B. Behen, Director and CIO

SUBJECT: Flint Document Production – Search Terms and Guidance

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. **As a custodian, you are required to produce any documents containing the search terms listed below, no later than Monday, February 22, 2016.** This memorandum contains detailed instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Microsoft 365 – Outlook (*includes emails, calendar items) and OneDrive*

DTMB staff will centrally coordinate the Microsoft 365 search for all of DTMB's custodians. Therefore, DTMB's custodians *do not need to independently search any of their Microsoft 365 applications* for the search terms listed below.

Network Drives

Similar to the approach outlined above, DTMB staff will centrally coordinate the network drive search effort for all DTMB custodians. Custodians do *not* need to independently conduct a network drive search for the search terms below.

Non-Network Drives – *includes hard drives, desktop, and thumb/flash drives*

For all non-network drive types, ***each custodian will need to search every search term listed below in every non-network format, and move all relevant/related documents in to a network drive for collection. In order to move items to the network, you must be connected to the network.***

Start by conducting the search of all non-network drives, filling out the attached search term checklist as you go. If you need guidance as to how to perform this search, a step-by-step guide is included below in Appendix 1.

All relevant/responsive items that are produced as a result of your search need to be moved to a network drive. You can move your relevant/related documents to a network drive in whatever format the document is currently in. After the February 22, 2016, deadline, DTMB staff will access the network drives to collect the files.

Paper Files

Review all applicable paper files. Scan any relevant/related documents, and save them to a network drive, as described above. If this is not possible, you may provide hard copies of documents to Jean Ingersoll in the Director's Office. These documents must be received in the Director's Office by February 22, 2016, and will not be returned to you.

Home Computer

Any relevant e-mails or other documents on a personal computer also are subject to this request. Please check your personal computer for any e-mails or other documents relating to this search. If you discover any relevant/related documents, please include the phrase "personal computer" in the file name, and save them to the aforementioned network drive.

Conclusion

Thank you for your cooperation in complying with this request. Should you have any questions, please contact Jean Ingersoll at 1-8844.

Attachments

- FOIA Checklist
- Attachment 1 – Search Guidance

Search Term Checklist

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to search and copy all items that you identify to a DTMB network drive, as described above.

Please complete your search no later than close of business on Monday, February 22, 2016. Relevant/related items from the past 10 years should be included.

You should search for *each term exactly as it is shown below, and include quotation marks around each separate word.* For example, "Legionnaire", "Legionella", or "Flint" would all go into search fields. After you complete a search term, check the box beside the term.

Search Terms:

- ☐ "Legionnaire"
- ☐ "Legionella"
- ☐ "boil water order" & "Flint"
- ☐ "coli" & "Flint"
- ☐ "bacteria" & "Flint"
- ☐ "microb" & "Flint"
- ☐ "TTHM" & "Flint"
- ☐ "Lead" & "Flint"
- ☐ "emergency" & "Flint"
- ☐ "Karegnondi"
- ☐ "Genesee County Health Department"
- ☐ "Flint" & "utilities"
- ☐ "Lead and Copper Rule"
- ☐ "Detroit Water and Sewerage Department" & "Flint"
- ☐ "DWSD" & "Flint"
- ☐ "Flint River"
- ☐ "Pb" & "water"
- ☐ "KWA"

Search conducted on the email account of: _____

By (your name): _____

Date completed: _____

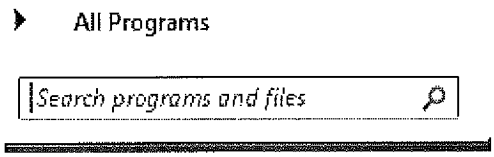
Please return this completed Checklist to DTMB Director's Office staff by February 22, 2016, at DTMB@michigan.gov, or
Directors Office, Cass Building, Second Floor

APPENDIX 1 – Search Guidance

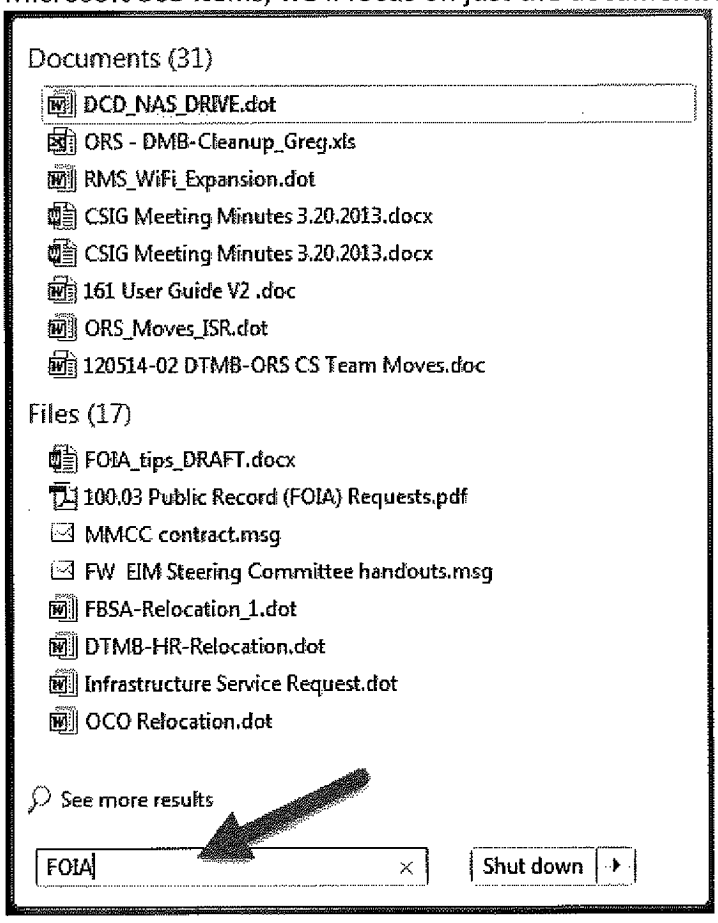
Regardless of what version of Windows you're using, each of them has a search feature built in called "Windows Explorer," you see it every time you open up a folder on a network drive, or on your own computer.

Using the search function in windows 7

Since the majority of DTMB is on Windows 7, the examples below are on that operating system. If you click on windows Start button, you'll see the search box right next to it

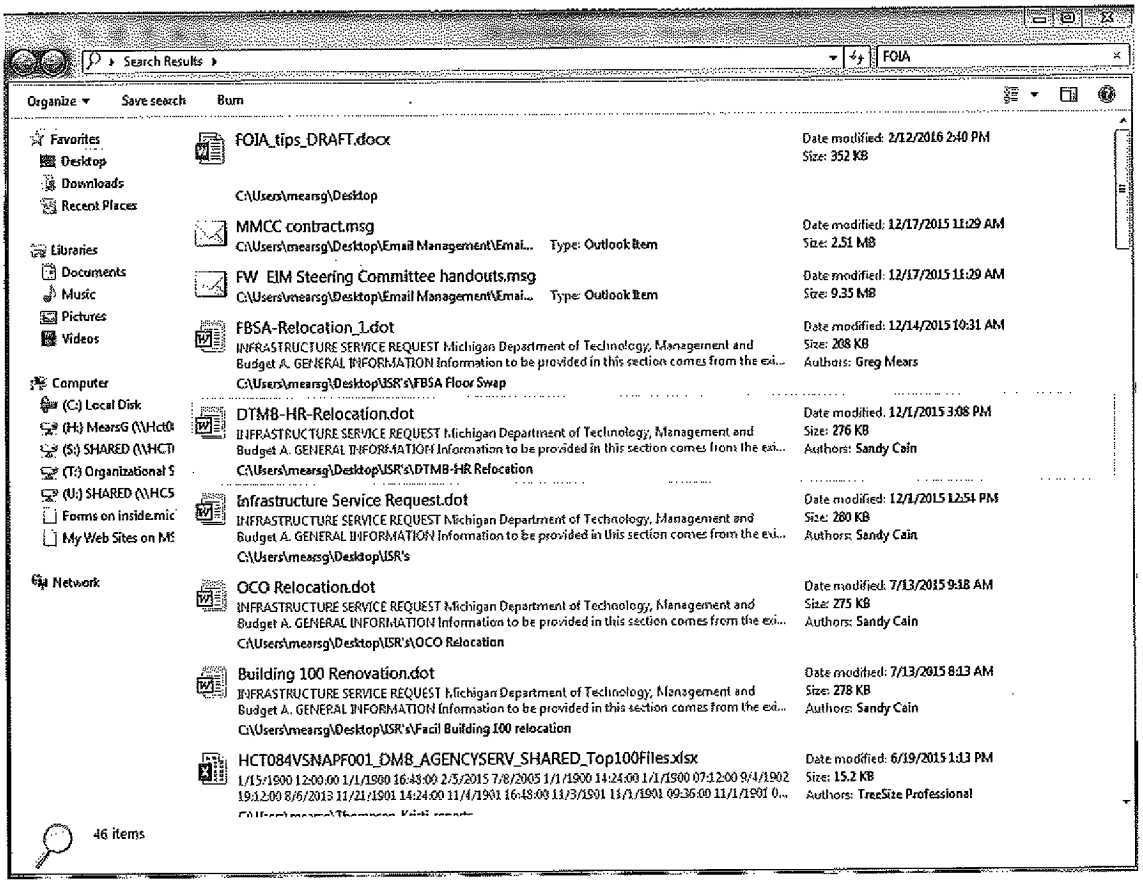


This example searches for the word FOIA. As you can see, the search yielded numerous documents including emails. Since DTMB is centrally collecting relevant emails and other Microsoft 365 items, we'll focus on just the documents.



You need to open each document to make sure that it's relevant. In this instance, the search brought up a DTMB Move form, but only because it has the word FOIA in the form.
You'll notice that the words "See more results" appears at the bottom of the list. This means that the search turned up a lot more documents than what can easily be displayed. You must

click on the link to open Windows Explorer and reveal a comprehensive list, along with their locations.



As you can see from this example the search found 46 items. We can now select them all using the "Ctrl-A method", and copy them to a network drive.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
LANSING

DAVID B. BEHEN
DIRECTOR

February 18, 2016

TO: All DTMB Custodians of Correspondence Related to Flint

FROM: Jean Ingersoll, Interim Chief of Staff to David B. Behen, Director and CIO

SUBJECT: Flint Document Production – Search Terms and Guidance

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. **As a custodian, you are required to produce any documents containing the search terms listed below, no later than Monday, February 22, 2016.** This memorandum contains detailed instructions for the process of identifying, compiling, scanning, and copying the necessary information.

Microsoft 365 – Outlook (*includes emails, calendar items) and OneDrive*

DTMB staff will centrally coordinate the Microsoft 365 search for all of DTMB's custodians. Therefore, DTMB's custodians *do not need to independently search any of their Microsoft 365 applications* for the search terms listed below.

Network Drives

Similar to the approach outlined above, DTMB staff will centrally coordinate the network drive search effort for all DTMB custodians. Custodians do *not* need to independently conduct a network drive search for the search terms below.

Non-Network Drives – *includes hard drives, desktop, and thumb/flash drives*

For all non-network drive types, ***each custodian will need to search every search term listed below in every non-network format, and move all relevant/related documents in to a network drive for collection. In order to move items to the network, you must be connected to the network.***

Start by conducting the search of all non-network drives, filling out the attached search term checklist as you go. If you need guidance as to how to perform this search, a step-by-step guide is included below in Appendix 1.

All relevant/responsive items that are produced as a result of your search need to be moved to a network drive. You can move your relevant/related documents to a network drive in whatever format the document is currently in. After the February 22, 2016, deadline, DTMB staff will access the network drives to collect the files.

Paper Files

Review all applicable paper files. Scan any relevant/related documents, and save them to a network drive, as described above. If this is not possible, you may provide hard copies of documents to Jean Ingersoll in the Director's Office. These documents must be received in the Director's Office by February 22, 2016, and will not be returned to you.

Home Computer

Any relevant e-mails or other documents on a personal computer also are subject to this request. Please check your personal computer for any e-mails or other documents relating to this search. If you discover any relevant/related documents, please include the phrase "personal computer" in the file name, and save them to the aforementioned network drive.

Conclusion

Thank you for your cooperation in complying with this request. Should you have any questions, please contact Jean Ingersoll at 1-8844.

Attachments

- FOIA Checklist
- Attachment 1 – Search Guidance

Search Term Checklist

In recent months, the State of Michigan has received a number of requests to produce documents related to the water emergency in Flint. You have been identified as a potential custodian of relevant/responsive correspondence and/or documents related to these requests. As a custodian, you are required to search and copy all items that you identify to a DTMB network drive, as described above.

Please complete your search no later than close of business on Monday, February 22, 2016. Relevant/related items from the past 10 years should be included.

You should search for *each term exactly as it is shown below, and include quotation marks around each separate word.* For example, "Legionnaire", "Legionella", or "Flint" would all go into search fields. After you complete a search term, check the box beside the term.

Search Terms:

- ☐ "Legionnaire"
- ☐ "Legionella"
- ☐ "boil water order" & "Flint"
- ☐ "coli" & "Flint"
- ☐ "bacteria" & "Flint"
- ☐ "microb" & "Flint"
- ☐ "TTHM" & "Flint"
- ☐ "Lead" & "Flint"
- ☐ "emergency" & "Flint"
- ☐ "Karegnondi"
- ☐ "Genesee County Health Department"
- ☐ "Flint" & "utilities"
- ☐ "Lead and Copper Rule"
- ☐ "Detroit Water and Sewerage Department" & "Flint"
- ☐ "DWSD" & "Flint"
- ☐ "Flint River"
- ☐ "Pb" & "water"
- ☐ "KWA"
- ☐ "Flint" & "water"

Search conducted on the email account of: _____

By (your name): _____

Date completed: _____

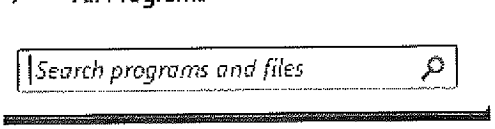
Please return this completed Checklist to DTMB Director's Office staff by Monday, February 22, 2016, at DTMB@michigan.gov, or Directors Office, Cass Building, Second Floor

APPENDIX 1 – Search Guidance

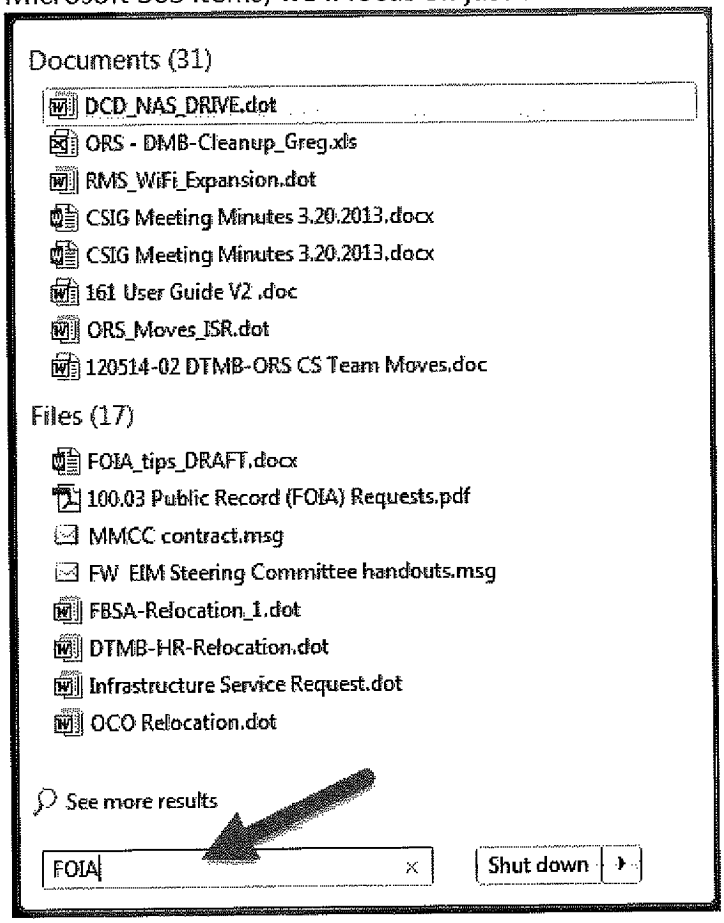
Regardless of what version of Windows you're using, each of them has a search feature built in called "Windows Explorer," you see it every time you open up a folder on a network drive, or on your own computer.

Using the search function in windows 7

Since the majority of DTMB is on Windows 7, the examples below are on that operating system. If you click on windows Start button, you'll see the search box right next to it

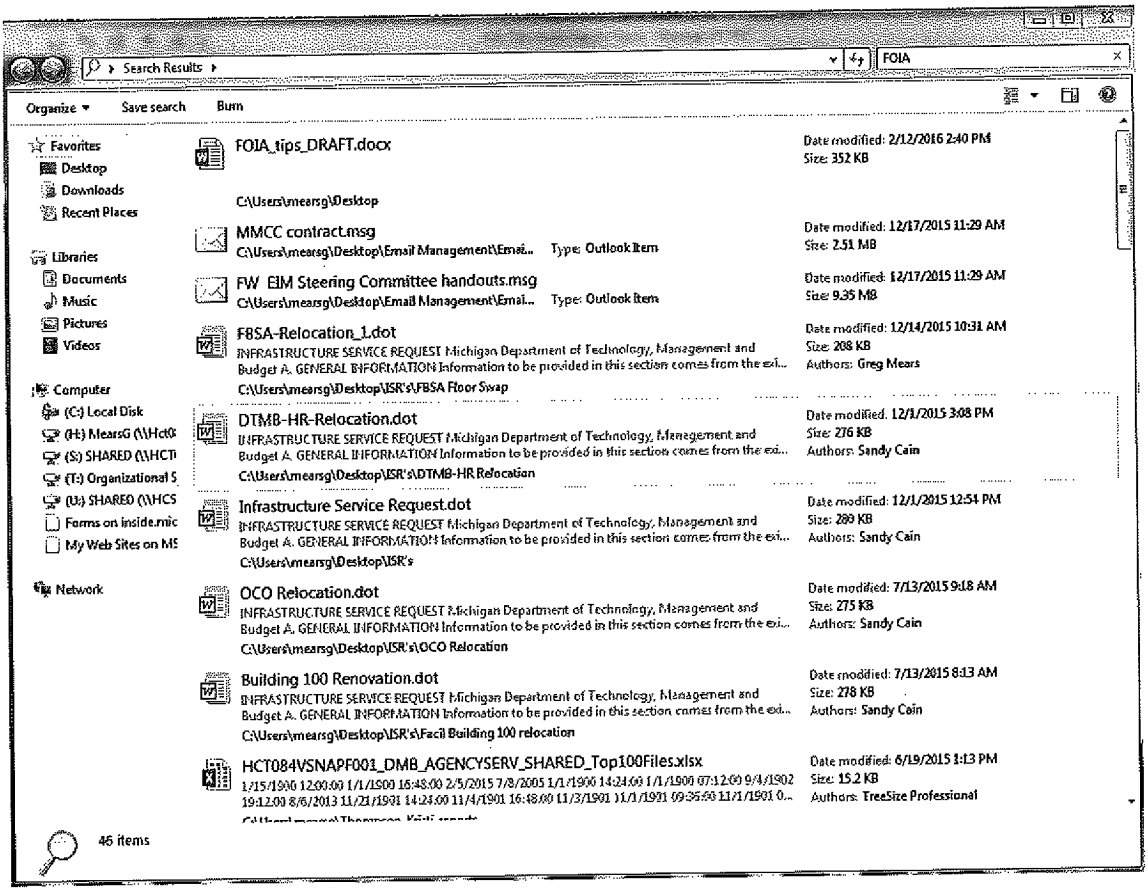


This example searches for the word FOIA. As you can see, the search yielded numerous documents including emails. Since DTMB is centrally collecting relevant emails and other Microsoft 365 items, we'll focus on just the documents.



You need to open each document to make sure that it's relevant. In this instance, the search brought up a DTMB Move form, but only because it has the word FOIA in the form.
You'll notice that the words "See more results" appears at the bottom of the list. This means that the search turned up a lot more documents than what can easily be displayed. You must

click on the link to open Windows Explorer and reveal a comprehensive list, along with their locations.



As you can see from this example the search found 46 items. We can now select them all using the "Ctrl-A method", and copy them to a network drive.

From: Cischke, Roy (DTMB)
Sent: Friday, February 19, 2016 9:10 AM
To: Wonn, Michael (DTMB)
Subject: FW: OSS Monthly Report Newsletter for January 2016
Attachments: OSS Monthly Report for Jan2016 newsletter.docx

From: Stevens, Deb (DTMB)
Sent: Thursday, February 11, 2016 12:18 PM
To: Cischke, Roy (DTMB) <cischker@michigan.gov>; Hofmeister, David (DTMB) <HofmeisterD@michigan.gov>; Thompson, Kristi (DTMB) <thompsonk1@michigan.gov>
Cc: VanCoevering, Joyce (DTMB) <Vancoeveringj1@michigan.gov>; Mathews, Jamie (DTMB) <MathewsJ@michigan.gov>; Ruhstorfer, Amy (DTMB) <RuhstorferA@michigan.gov>; Norlock, Linda (DTMB) <norlockl@michigan.gov>
Subject: OSS Monthly Report Newsletter for January 2016

Please find attached the latest compilation of our monthly reports in newsletter form for sharing with your staff.

Regards, Deb

Deborah A. Stevens
DTMB, Office of Support Services
stevensd4@michigan.gov
517-636-6044

DTMB
HELP. CONNECT. SOLVE.

Office of Support Services

January 2016

ALL ABOUT US

OUR MONTHLY REPORTS

DTMB

HELP. CONNECT. SOLVE.

SAVINGS REALIZED BY MAILING SERVICES CUSTOMERS when mail is pre-sorted and batched FYTD:

- Presort Letters - $2,075,013
- Presort 2nd Ounce Letters - $585,630
- Presort Flats - $104,269*
- Total Presort Savings- $2,764,912
- Consulting Savings - $64,301

* presorted flat-size mail has not been presorted since Jan. 13. The vendor (Bell & Howell) is working to correct this issue with additional testing.

State Surplus MiBid Results

- Posted 119 auctions
- Sold 68 vehicles
- Sales of $367,439
- Retained Revenue MiBid - $103,096

Federal Surplus

- Two new applications for federal program
- Two Federal Surplus Donations
- Retained Revenue from donations - $451

Delivery Services

- Revenue – January FY 2016: $191,216 on 174 work orders
- Revenue from move jobs – January FY16: $36,084

OSS Steps Up to Assist in Flint Water Crisis

- Printing Services staff have printed over 1.2 million palm cards and 1 million water testing forms, in English, Spanish and Arabic. These jobs were all quick turnaround – sometimes a matter of hours! Staff stepped up to the challenge! Special thanks to **Mark Miller, Todd Martin, Arnie Castillo, Brad Schumann, Shay Cooper, Tina Luna, Scott Barclay, Dan Chipman, Tom Cooley and William Banks** for going above and beyond in providing excellent customer service!

- The Federal Surplus Property Program received help from the National Association of State Agencies for Surplus Property (NASAP) obtaining bottled water from the South Carolina Surplus Program. South Carolina had an entire warehouse full of bottled water that was left over from a flooding emergency. With the help of Scott Pepperman, of NASASP, MISASP was able to arrange shipping for the water to be delivered to Flint and distributed throughout the city. Approximately 175,000 bottles (92 pallets) of water were successfully delivered to Flint to assist with the water crisis.

- Employees from the Delivery Services Team have been working tirelessly helping out with the Flint Water Crisis since Jan. 9, 2016. They have done a fantastic job and it has been greatly appreciated. Please join me in thanking **Brent Thelen, Jim Thomas, Jeff Bailey, Sam Putmon, Sean Dennison, Brian Cardwell and Steven Kesson**.

- Beginning Jan. 13, VTS Garage employees **John Lance, Kevin Moe and John Patterson** have worked many hours, seven days a week, while putting their family and VTS duties second, assisting with water delivery efforts in Flint. Their primary mission has been to transport pallets of bottled water from a central warehouse to various fire departments. We thank them for their efforts along with their dedication to helping the people of Flint.

Great Examples of Teamwork!

Records Management Services

- DHHS is moving its employees who are currently working in the Capitol View building to the building that MSP is moving out of. The Senate will be moving into Capitol View, and MSP is moving out to the Secondary Complex. DHHS hired a consultant to coordinate the move, and the consultant contacted RMS for help with records management issues. RMS was asked to provide training to the affected employees. RMS taught 4 classes, and 84 people registered to attend the classes. The classes addressed how to identify records that need to be kept, Retention and Disposal Schedules, storage issues, and tips for moving.
- Records Management Services held meetings with local offices in Wayne County from the Department of Health and Human Services to discuss the transition from Iron Mountain to Royal Oak Storage for the storage of its boxes of closed case files. 74 boxes from the Western Wayne County office are scheduled to be picked up and delivered to Royal Oak Storage on February 5, which marks the first boxes sent to the new storage vendor. Approximately 95,000 boxes will be moved from Iron Mountain to Royal Oak.

Records Manager Projects (formerly TRIM)

- The Department of State Human Resources office, already a Records Manager customer, intends to expand its use to its Labor Relations section, using the same configuration already in use by Department of Health & Human Services Labor Relations section. Records Management Services (RMS) will host a meeting with multiple HR offices using Records Manager to go over the labor relations configuration and establish a standardized configuration for use by any HR Labor Relations section.
- The Michigan Department of Transportation (MDOT) signed a charter to use Records Manager for its Human Resources office, leveraging the standardized structure made available through previous HR projects with DHS, MDOS, DTMB, and Quality of Life (DEQ/DNR/MDARD). A training has been scheduled for February 22, 2016, to give the implementation team hands on experience with generic records as part of the standardized structure.

Delivery Services Thanked

- 1/28/2016

Just wanted to say thank you. The crew was extremely nice, polite and waited patiently to be told where to put file cabinets. They also, didn't get full use of the dock at the Grand Tower because of the semi they had to use. So they had more work than usual moving items from the truck to their destination.

Just thought I'd pass this along, thank you!

Michelle Holloway, Project Manager, Bureau of Organizational Services

MDHHS
Michigan Department of Health & Human Services

New Staff

The ID Mail area welcomed another new employee to their team on Jan. 4, 2016. Colleen Rupert has taken the position of Motor Vehicle Operator 6 (MVO6). Please welcome Colleen to our team.

Are You Reviewing Your Old Email?

The implementation of the DTMB policy on Email Management has been postponed until March 13, 2016, in order to give staff more time to properly file their email records.

Mailing Services

- Logistics & Operations Support (LOS) is currently working with Michigan Department of State (MDOS) on updating the Service Level Agreement (SLA) for the renewal by mail program. Copies of the current SLA have been shared with MDOS and the re-write process will soon begin.
- Mailing Services presented to the IT Assets servicing Treasury regarding the sunset of Optical Mark Recognition (OMR) technology used to match multi page document sets for mailing letters. LOS is working on identifying all Treasury applications using OMR and statistical data outlining the benefits of using a higher integrity code to minimize data breaches in the mailing process.
- A joint project has been started to link all Michigan Department of Health and Human Services (MDHHS) Business Reply Mail (BRM) accounts to DTMB's United States Postal Services (USPS) Central Account Processing System (CAPS) to centralize all service payments and cost monitoring. Mailing Services currently has linked 42 BRM accounts for MDHHS. Linking the remaining offices will simplify the process by making direct payments to the postal service for individual account activity. Locally managed accounts will benefit by not having to maintain a fund balance with the serving post office, ensuring mail will not be held for the lack of funds, and eliminate the need for local self-monitoring of fund balances statewide. Mailing Services has enlisted the help of the Postal Service to link the remaining identified MDHHS accounts into DTMB's CAPS system.
- Mailing and Financial Services met with the Sigma development group to finalize the design of the MS Order System. Clarification of content, updates of Sigma department coding, contact personnel on the order system, and user direction have been updated for the Sigma designer to be placed in the system.
- LOS is progressing with the EFI/PACE/Storefront implementation. Discussions related to non-state mailing account coding are under advisement with financial services. The reason being, the current coding of non-state accounts are not compatible with EFI/PACE requirements. Financial Services is reviewing the code changes requested for PACE to ensure these will not adversely affect the current billing data base process.
- In line with Executive direction, Mailing Services conducted Action Plan Update meetings with all of our staff. An advance copy of the current Action Plan was provided to each employee so as to gather input regarding updates they may have to offer to the current plan. During the sessions with staff, an in-depth review of current actions and expected outcomes were discussed so staff could help in identifying gaps that can be measured in the new plan.
- Mailing Services has established a rate committee to identify and accurately define service rates with DTMB Financial Services. The committee meetings, now scheduled bi-monthly, have been invaluable in bringing understanding to the process and gathering data to accurately determine service rates going forward. Outcomes for the meetings include; accurately identifying and placing costs, building an annual rate setting worksheet, assigning responsibilities to provide accurate data, monitor and provide a mailing trend analysis and cost projection reviews as a committee.
-

Thank You Notes

- *To: Tom Goodine*

  Thanks Tom. You are always Mr. Dependable, and pretty darn fast too.

  Deanna Anderson, MSHDA

- *To: Mike Armstrong*

  Thank you for the update as well as your hard work and promptness with this project! It's greatly appreciated!

  Autumn Spitzley, Graphic Arts Designer, DNR Wildlife

- *To: Tom Goodine & Shelly Millimaki*

  Thanks, Tom. I almost CC to you and thank you Shelly for forwarding the message. I will let my LAW person know. Thank you both for your help!

  Jennifer Sochor, DNR

Vehicle and Travel Services

- VTS consultants met with GM Fleet Account Executive Connie Scarpelli and GM Sales Support and Police Vehicle Specialist Todd Little to discuss the delay of the Impala Limited and Chevrolet truck issues. The production of the fleet Impala Limited was delayed from Dec. 10 through Jan. 14 with final vehicle orders being excepted through mid-January.
- Staff from the VTS Garage and Canfield Equipment worked together in an effort to save costs on beacons and hood signs for MSP vehicles. Canfield Equipment picked up a large quantity of used beacons and hood signs from VTS that have been removed from retired MSP vehicles. These used beacons and hood signs will be reconditioned and reused on new MSP vehicles. MSP is not required to purchase all new parts for their patrol vehicles, and recycling these items saves money.
- A number of VTS staff attended the 2016 North American International Auto Show held at the Cobo Center in Detroit. This is an opportunity to preview the new model vehicles on display and talk with company representatives about current and future product offerings. Vince Reynolds and Ronda Greko also had the opportunity to attend the "Pre-Show" Product Preview" and talk one-on-one with Ford and Chrysler Representatives along with Company Executives, Engineers and Designers.
- GPS Telematics Update: VTS Consultants working with their Telematics Vendors and participating departments continue to meet and discuss reporting options, what works and what doesn't, and any issues that come up. Vince Reynolds attended a high level meeting with MDARD Deputy Director, Division Directors, Supervisors, and Managers who met with GPSInsight Representatives. GPSInsight demonstrated the overall capabilities and limitations of the system. They also showed some of the reporting functions. This presentation was scheduled to determine what educational opportunities might be used with the pilot participants. The presentation was received very highly by the MDARD staff and online, follow-up sessions were scheduled for the following week so that the attendees could observe the system function in real time.
- VTS Garage staff loaded a cube truck full of surplus plastics and delivered to Louis Padnos for recycling.

Printing Services in High Gear

- January was a huge "tax" month for Printing Services.
    - Completed development and printing of the annual DTMB OFM 1099 statement. There were a total of 58,521 images printed.
    - Completed development and printing of the annual DTMB OFM W2 statement. There were a total of 61,208 images printed.
    - Completed development and printing of the annual MDHHS W2 statement. There were a total of 64,118 images printed.
    - CPC successfully completed the MDHHS CHAMPS 1095B printing project. There were a total of 279 print files, each file consisting of 40,000 images. The entire project resulted in 11,160,000 printed images.
    - Completed development and printing of the annual MSHDA 1099 statement. There were a total of 11,052 images printed.
    - Completed development and printing of the annual MSHDA 1099G statement. There were a total of 682 images printed.
    - Completed development and printing of the annual ORS 1099 statement. There were a total of 286,576 images printed.
- Printing Services completed a rush project for Treasury in less than 4 hours! Treasury contacted us with a request to print 70 copies of a document on light green paper. The order was received at 4:00 p.m. but the specifications were much different! The quantity was still 70, but the paper and bindery requirements had changed. Despite the changes, the job was still able to be completed and delivered before noon! Great teamwork by Printing Services staff to meet our customer needs!
- The Pace implementation is on-going. EFI will be on-site the week of Feb.1, to implement the Fiery Central (which will allow our Xerox printers to communicate with Pace) and the update to our online ordering system.
- Printing Services completed the quarterly Voya printing. The statements consisted of over 1.1 million images. In addition, newsletters, seminar schedules and performance numbers were produced as well. This quarter's printing also included the MPSERS Pension Plus and DC statements and inserts, which are completed twice a year.
- CPC finalized our responses to the findings from the August IRS Safeguarding Audit. The outstanding issue with Xerox on a security patch for the IRS overlay on the Nuvera controllers has been resolved. Printing Services is now 100% compliant.
- Printing services was contacted by DTMB Building Operations who were need of an emergency sign for their GOB construction site. Electrical inspectors had threatened to shut down their construction if an electrical sign wasn't installed. **Molly Perry** was able to produce a sign for them within a few hours, which allowed Building Operations to continue to work! Great job, Molly!

Printing Services Now in Con Hall

- DTMB Office of Performance Management graciously allowed Printing Services consultants to occupy a vacant office in their area in Constitution Hall. We moved into that space on Jan. 20. It is on the 1st floor of Constitution Hall in the northwest tower.

Warehouse Services

- The on-going project to move Depot Logistics into the General Services Building is still on track to hit our April timeline. In January, we began preparing the building for the move by making some adjustments to racking, cleared an area where Printing Services will have a new rack installed, and cleared some racking at the current Depot location that will be brought over to GSB.

- The next phase of work will include having a vendor move some racking from Depot to GSB, as well as constructing cubicles, setting up data and power lines, and final configurations of the Depot layout.

Appreciation to Printing Services

- ***From:*** *Khouri, Claire (GOV)* ***Sent:*** *Monday, January 18, 2016 3:39 PM*
  To: *Monroe, Jerry (DTMB) <monroej1@michigan.gov>*
  Subject: *RE: SOTS Materials-- Program*

I think we might be all set and not need any additional copies printed of new materials… Again, thank you so much for your help this year! As always you have been amazing to work with and the service you provide is exceptional!

- ***From:*** *Doll, Jeanette (DTMB)* ***Sent:*** *Friday, January 22, 2016 11:22 AM*
  To: *Miller, Mark (DTMB) <millerm13@michigan.gov>*
  Subject: *RE: 300 Palm Cards*

Wow – you are fast!! DHHS says YOU ROCK! Thank you for going above and beyond!

- ***From:*** *Wanamaker, Kurt (LARA)* ***Sent:*** *Monday, January 25, 2016 2:07 PM*
  To: *Monroe, Jerry (DTMB) <monroej1@michigan.gov>*
  Subject: *Approved Proof*

YOU ARE THE BEST! Thank you and your team for all that you do. I appreciate everything!!!

Kurt Wanamaker, Consultation Education and Training Division, Michigan Occupational Safety and Health Administration

- ***From:*** *Peters, Cynthia (DTMB)* ***Sent:*** *Thursday, January 28, 2016 1:21 PM*
  To: *Miller, Mark (DTMB) <millerm13@michigan.gov>*
  Subject: *RE: SOMCAFR*

  I'm a bit tardy… but great job on the SOMCAFRs. Thanks!

MICHIGAN DEPARTMENT OF
DTMB TECHNOLOGY, MANAGEMENT AND BUDGET
HELP. CONNECT. SOLVE.

Next week, DTMB employees are invited to an open house to learn more about the hard work the Data Center Operations team does on a daily basis. Join fellow employees on Wednesday, Feb. 17, from 11:00 a.m. to 2:00 p.m. at the Secretary of State Building, 7064 Crowner Drive, State Secondary Complex. A self-guided tour will give you the opportunity to speak with data center staff and learn about:

- Data Center Operations Facilities
- Disaster Recovery
- Enterprise Monitoring
- Enterprise Platforms
- Imaging and Scheduling
- Michigan Configuration Management Data Base (MiCMDB)
- Service Management
- Tape Library

Please bring your State of Michigan ID and your Driver's License or another picture ID to check in with data

center security.

Sent: Thursday, February 04, 2016 8:46 AM
To: Aprill, Brian (DTMB);Hodge, Greg (DTMB)
Subject: Transporting Flint Water

Brian and Greg,

We're looking for drivers to transport water in Flint starting Saturday, Feb 6th. You would be working 7 days a week, approximately 10-12 hours per day. They would prefer that anyone who works would work at least a two-week shift. You have the option to drive from VTS each morning to the warehouse in Flint or stay at a local hotel. Breakfast is paid if you start prior to 6:00 am, lunch is paid and dinner if you work past 8 pm or stay at a hotel.

Please contact me as soon as possible if you are interested.

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

Message

To: Cischke, Roy (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2a788271ea0749f3a378138a22e1f492-Cischke Roy]

CC: VanCoevering, Joyce (DTMB) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bb9e5fc1494d029e79239bba3f016e-Vancoeveringj1]

Subject: Flint Automobile Accident

I wanted to make you aware that [redacted] who are transporting water in Flint, were returning to VTS on Wednesday evening and were rear-ended while driving a motor-pool van. Both were suffering from pain in the neck and back and sought treatment at a Ready-Care then later at Sparrow. Both have felt they could return to work the next day in Flint and are currently working there. John will be completing a DTMB personal accident report and a Wheels accident report this evening.

Message

Sent: 2/17/2016 3:46:16 PM
To: Clark, Connie (MCSC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a80dfa5963a4130bb5f661f4dc8dd5f-ClarkC]; Howland, Nan [Nan.Howland@yorkrsg.com]
Subject: RE: [redacted]

From: Clark, Connie (MCSC)
Sent: Wednesday, February 17, 2016 3:10 PM
To: Howland, Nan <Nan.Howland@yorkrsg.com>; Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: [redacted]

York (formally CMI) needs some additional information to process this claim. Please answer the questions below and when responding to this email, please "reply all". Thanks

- What was employee's scheduled shift on injury date? He was working in Flint to distribute water. His shift starts at 6:00 am and lasts until they do not need him which is usually between 4-6pm.
- Where was employee headed and why? He was returning from Flint on his way to his normal worksite to return the pool vehicle.
- Did accident happen on direct route to/from point A to point B? The accident occurred on his way to his normal worksite from Flint.
- Indicate the addresses of where employee was driving to/from: 6951 Crowner, Lansing MI 48917 (normal work-site);

Connie Clark
State of Michigan
CSC Disability Management Office

877-766-6447 or 517-335-5794
Fax 517-241-9926

Clarkc@michigan.gov

For general Medical and/or Family Medical Leave information please visit the DMO website @ www.michigan.gov/dmo or call 877.766.6447

From: Howland, Nan
Sent: Wednesday, February 17, 2016 7:30 AM
To: 'Spaanstra, Victoria (MCSC)'
Subject: [redacted]

Hello,

Additional information is needed concerning this claim. Please provide the following:

What was employee's scheduled shift on injury date?

Where was employee headed and why?

Did accident happen on direct route to/from point A to point B?

Indicate the addresses of where employee was driving to/from:

Thank you!

Nan Howland
WC Medical Examiner

517.338.3347 office
517.338.5142 fax

York Risk Services Group
PO Box 620
Howell, MI 48844

YORK

At York Risk Services Group we always seek out ways to improve our customer service. If there is anything I can do to improve your experience or if you would like to provide feedback to the service I have provided, please feel free to contact my manager, Marsha McCord 517-338-3291 or ***Marsha.McCord@yorkrsg.com***

This e-mail, including attachments, is intended for the exclusive use of the addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any dissemination, use, distribution or copying is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and permanently delete the original and destroy all copies.

CONFIDENTIALITY NOTICE: This is an e-mail transmission and the information is privileged and/or confidential. It is intended only for the use of the individual or entity to which it is addressed. If you have received this communication in error, please notify the sender at the reply e-mail address and delete it from your system without copying or forwarding it. If you are not the intended recipient, you are hereby notified that any retention, distribution, or dissemination of this information is strictly prohibited. Thank you.

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 7:55 AM
To: Lance, John (DTMB)
Subject: RE: John Lance hours

It's captured in the system, but it's always good to keep them.

From: Lance, John (DTMB)
Sent: Tuesday, January 26, 2016 8:22 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Mathews, Jamie (DTMB) <MathewsJ@michigan.gov>
Subject: John Lance hours

1-25-16 6:30 AM - 7:30 PM
1-26-16 6:30 AM - 7:30 PM

Thank you very much for shipping the fuel card over to me today. I put it to use as the fuel gauge was bouncing on empty when I received the card. Do you need the receipt for that fuel or is it automatic in the system?

As I had made mention earlier this week, I should take a break from the craziness in Flint. Have you found a temporary replacement driver to fill my shoes yet for a week or two as I am supposed to take possession of my new home February 5th? I would be more than willing to return to Flint following a short break if the powers to be determined would prefer me to return. Department of Corrections has taken over the warehouse aspect of products coming in and going out. The Red Cross has left for the most part and seem to been running a skeleton crew for neighborhood deliveries. FEMA is still in control of inventory counting and preparing a long term arrangement. I have been running crazy with coordinating and running "hot shot" deliveries from beginning of day to end of day. The businesses, community centers, churches, assisted living facilities, and apartment complexes are appreciative of our efforts when I show up to deliver several pallets of water, faucet filters kits, replacement cartridges, and lead test kits to their locations.

John Lance

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 7:49 AM
To: Sandberg, Mark (DTMB)
Subject: RE: MPSCS CDL Drivers For Flint

Hi Mark,

We're hoping to do a minimum of two-weeks for each employee. Some of them have gone as long as four weeks but they're pretty burnt-out by then since it's 7-days a week and approximately 12 hours per day. If you have any other CDL drivers that are interested, I'd be happy to include them in the rotation. I'm not sure how long this is going on, I've heard possibly into April.

Let me know your thoughts.

Thanks,
Mike

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Sandberg, Mark (DTMB)
Sent: Friday, February 05, 2016 4:28 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Brian informed me yesterday that he is needed for the Flint water transport. Is there a specific duration that he is scheduled for? I'm trying to plan for while he is gone.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066

SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Thursday, January 28, 2016 7:30 AM
To: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Brian, I'll notify you as more information is passed along to me.

From: Aprill, Brian (DTMB)
Sent: Wednesday, January 27, 2016 2:24 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

I would be willing to help out on the 7th if need for the seven days.

Brian Aprill

Engineering Assistant
Michigan's Public Safety Communication System
4000 Collins Rd.
Lansing, MI 48910
Office: 517-336-6212
Fax: 517-336-6222
aprillb@michigan.gov

> **PLEASE NOTE:** Effective **February 1, 2016**, the **MPSCS / Engineering** is moving. My new contact information will be:
>
> Phone: (517) 284-4087
> Fax: (517) XXX-XXXX
> Address: 7150 Harris Drive, PO Box #30634, Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 12:48 PM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Rodney,

It appears the first opening for a driver would be starting on Feb 7th assuming they still need drivers. I would prefer that anyone interested be able to drive for at least an entire 7-day week. I'll let you know more as that date arrives.

Thanks,

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: MPSCS CDL Drivers For Flint

Mike,

I have 2 drives to help with hauling water.

Greg Hodge hodgeg@michigan.gov CDL class B
Brian Aprill aprillb@michigan.gov CDL class A

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:

7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 8:18 AM
To: Sandberg, Mark (DTMB)
Subject: RE: MPSCS CDL Drivers For Flint

Will do, thanks

From: Sandberg, Mark (DTMB)
Sent: Monday, February 08, 2016 7:59 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Mike. I don't have anyone else with a CDL and I think you've been in contact with our other managers that do but I'll let you know if hear anything. Let me know if something changes with Brian's schedule.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 7:49 AM
To: Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Hi Mark,

We're hoping to do a minimum of two-weeks for each employee. Some of them have gone as long as four weeks but they're pretty burnt-out by then since it's 7-days a week and approximately 12 hours per day. If you have any other CDL drivers that are interested, I'd be happy to include them in the rotation. I'm not sure how long this is going on, I've heard possibly into April.

Let me know your thoughts.

Thanks,
Mike

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services

Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Sandberg, Mark (DTMB)
Sent: Friday, February 05, 2016 4:28 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Brian informed me yesterday that he is needed for the Flint water transport. Is there a specific duration that he is scheduled for? I'm trying to plan for while he is gone.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Thursday, January 28, 2016 7:30 AM
To: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Brian, I'll notify you as more information is passed along to me.

From: Aprill, Brian (DTMB)
Sent: Wednesday, January 27, 2016 2:24 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

I would be willing to help out on the 7th if need for the seven days.

Brian Aprill

Engineering Assistant
Michigan's Public Safety Communication System
4000 Collins Rd.
Lansing, MI 48910
Office: 517-336-6212
Fax: 517-336-6222
aprillb@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS / Engineering** is moving. My new contact information will be:

Phone: (517) 284-4087
Fax: (517) XXX-XXXX
Address: 7150 Harris Drive, PO Box #30634, Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 12:48 PM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Rodney,

It appears the first opening for a driver would be starting on Feb 7th assuming they still need drivers. I would prefer that anyone interested be able to drive for at least an entire 7-day week. I'll let you know more as that date arrives.

Thanks,

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: MPSCS CDL Drivers For Flint

Mike,

I have 2 drives to help with hauling water.

Greg Hodge hodgeg@michigan.gov CDL class B
Brian Aprill aprillb@michigan.gov CDL class A

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:
7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 10:40 AM
To: Sandberg, Mark (DTMB)
Subject: RE: MPSCS CDL Drivers For Flint

Mark, do you have Brian's employee ID and a cell number?

From: Sandberg, Mark (DTMB)
Sent: Monday, February 08, 2016 7:59 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Mike. I don't have anyone else with a CDL and I think you've been in contact with our other managers that do but I'll let you know if hear anything. Let me know if something changes with Brian's schedule.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Monday, February 08, 2016 7:49 AM
To: Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Hi Mark,

We're hoping to do a minimum of two-weeks for each employee. Some of them have gone as long as four weeks but they're pretty burnt-out by then since it's 7-days a week and approximately 12 hours per day. If you have any other CDL drivers that are interested, I'd be happy to include them in the rotation. I'm not sure how long this is going on, I've heard possibly into April.

Let me know your thoughts.

Thanks,
Mike

Michael Wonn
VTS Garage Superintendent

DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Sandberg, Mark (DTMB)
Sent: Friday, February 05, 2016 4:28 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Mike,

Brian informed me yesterday that he is needed for the Flint water transport. Is there a specific duration that he is scheduled for? I'm trying to plan for while he is gone.

Thanks,

Mark Sandberg

Engineering R&D Manager
Michigan's Public Safety Communications System
Office: 517-284-4086
Fax: 517-284-4066
SandbergM@michigan.gov

Physical Address:
7150 Harris Drive, Dimondale, MI 48821
Mailing Address:
P.O. Box 30631, Lansing, MI 48909

From: Wonn, Michael (DTMB)
Sent: Thursday, January 28, 2016 7:30 AM
To: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Thanks Brian, I'll notify you as more information is passed along to me.

From: Aprill, Brian (DTMB)
Sent: Wednesday, January 27, 2016 2:24 PM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>; Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

I would be willing to help out on the 7th if need for the seven days.

Brian Aprill

Engineering Assistant
Michigan's Public Safety Communication System
4000 Collins Rd.
Lansing, MI 48910
Office: 517-336-6212
Fax: 517-336-6222
aprillb@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS / Engineering** is moving. My new contact information will be:

Phone: (517) 284-4087
Fax: (517) XXX-XXXX
Address: 7150 Harris Drive, PO Box #30634, Dimondale Michigan 48821

From: Wonn, Michael (DTMB)
Sent: Wednesday, January 27, 2016 12:48 PM
To: Anway, Rodney (DTMB) <AnwayR@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: RE: MPSCS CDL Drivers For Flint

Rodney,

It appears the first opening for a driver would be starting on Feb 7th assuming they still need drivers. I would prefer that anyone interested be able to drive for at least an entire 7-day week. I'll let you know more as that date arrives.

Thanks,

Michael Wonn
VTS Garage Superintendent
DTMB-Vehicle & Travel Services
Ph 517-322-5137
Cell 517-908-6597
FAX 517-322-5100
wonnm@michigan.gov

DTMB
HELP. CONNECT. SOLVE.

From: Anway, Rodney (DTMB)
Sent: Wednesday, January 27, 2016 9:31 AM
To: Wonn, Michael (DTMB) <wonnm@michigan.gov>
Cc: Aprill, Brian (DTMB) <aprillb@michigan.gov>; Hodge, Greg (DTMB) <HodgeG@michigan.gov>; Warner, John (DTMB) <WarnerJ@michigan.gov>; Sandberg, Mark (DTMB) <SandbergM@michigan.gov>
Subject: MPSCS CDL Drivers For Flint

Mike,

I have 2 drives to help with hauling water.

Greg Hodge hodgeg@michigan.gov CDL class B
Brian Aprill aprillb@michigan.gov CDL class A

Rodney Anway
DTMB MPSCS
Site Maintenance Supervisor
4000 Collins Rd.
Lansing, MI. 48910
Office (517) 336-2028
Cell (517) 242-0575
Fax (517) 336-6222
anwayr@michigan.gov

PLEASE NOTE: Effective **February 1, 2016**, the **MPSCS main offices** are moving.

My new contact information will be:
Phone: (517) 284-4074
Cell: (517) 242-0575 (unchanged)
Fax: (517) 284-4066

New Address:
7150 Harris Drive,
PO Box #30631
Dimondale Michigan 48821

Message

From: Wonn, Michael (DTMB) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5DB547F336D44FAE98545E12787F438F-WONN MICHAEL]
Sent: 2/17/2016 3:52:33 PM
To: Clark, Connie (MCSC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a80dfa5963a4130bb5f661f4dc8dd5f-ClarkC]; Howland, Nan [Nan.Howland@yorkrsg.com]
Subject: [redacted]

Connie,

See below.

From: Clark, Connie (MCSC)
Sent: Wednesday, February 17, 2016 3:10 PM
To: Howland, Nan <Nan.Howland@yorkrsg.com>; Wonn, Michael (DTMB) <wonnm@michigan.gov>
Subject: [redacted]

York (formally CMI) needs some additional information to process this claim. Please answer the questions below and when responding to this email, please "reply all". Thanks

- What was employee's scheduled shift on injury date? He was working in Flint to distribute water. His shift starts at 6:00 am and lasts until they do not need him which is usually between 4-7pm.
- Where was employee headed and why? He was returning from Flint on his way to his normal worksite to return the pool vehicle then head home.
- Did accident happen on direct route to/from point A to point B? The accident occurred on his way to his normal worksite from Flint.
- Indicate the addresses of where employee was driving to/from: 6951 Crowner, Lansing MI 48917 (normal work-site); 4315 N. Clio Rd., Flint MI 48504 (temp work-site)

Connie Clark
State of Michigan
CSC Disability Management Office

877-766-6447 or 517-335-5794
Fax 517-241-9926

Clarkc@michigan.gov

For general Medical and/or Family Medical Leave information please visit the DMO website @ www.michigan.gov/dmo or call 877.766.6447

From: Howland, Nan
Sent: Wednesday, February 17, 2016 7:30 AM
To: 'Spaanstra, Victoria (MCSC)'
Subject: [redacted]

Hello,

Additional information is needed concerning this claim. Please provide the following:

What was employee's scheduled shift on injury date?

Where was employee headed and why?

Did accident happen on direct route to/from point A to point B?

Indicate the addresses of where employee was driving to/from:

Thank you!

Nan Howland
WC Medical Examiner

517.338.3347 office
517.338.5142 fax

York Risk Services Group
PO Box 620
Howell, MI 48844



At York Risk Services Group we always seek out ways to improve our customer service. If there is anything I can do to improve your experience or if you would like to provide feedback to the service I have provided, please feel free to contact my manager, Marsha McCord 517-338-3291 or ***Marsha.McCord@yorkrsg.com***

This e-mail, including attachments, is intended for the exclusive use of the addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any dissemination, use, distribution or copying is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and permanently delete the original and destroy all copies.

CONFIDENTIALITY NOTICE: This is an e-mail transmission and the information is privileged and/or confidential. It is intended only for the use of the individual or entity to which it is addressed. If you have received this communication in error, please notify the sender at the reply e-mail address and delete it from your system without copying or forwarding it. If you are not the intended recipient, you are hereby notified that any retention, distribution, or dissemination of this information is strictly prohibited. Thank you.

Pung Management Team Meeting 02/17/16 – Executive and Agency Services Updates

DTMB Services Related to Flint Water Response:

- Contact Susan Nordyke for budget approval to work on any service related to Flint.

Specialist Committee:

- Tiziana is now the GM sponsor. She will be working on HR regarding changes coming on how specialist positions will be approved. Trying to make the process more efficient to cut down on approval timelines.
- They will be requesting new members on the committee soon.

Partnership Agreement update:

- The Management and Budget metrics in the proposed PA will be changed to link to their existing SLAs. A Sharepoint site will be created to post existing MB SLAs to. We will make this template change to our PA for MDHHS.

Cloud Application Development Services / CRM Center of Excellence:

- COE for Salesforce solutions support is being created. See separate presentation.

Enterprise Projects for MDHHS:

- Susan will coordinate MDHHS approval for Enterprise projects.

MICWRAP Project - Addresses audits and internal control weaknesses

- Many citations from internal and external audits focused on 5 theme areas:
    - Security,
    - System Access Controls,
    - Change Controls/Change Management,
    - Business Continuity Planning,
    - IT Contracting
- Review Project Charter sent via separate email
    - Often the IT side gets sited – it's not an agency issue. Need to change this mindset.

Oracle Unlimited License Agreement (ULA) for SOM

- The agreement covers the courts and legislature
- Will include access to additional products over a three year timeframe
- Larry and Andrew involved with reviewing proposal

SUITE SEPG / PPQA

- See separate update document.

DTMB executive leadership has decided to reestablish both the Process & Product Quality Assurance (PPQA) and Software Engineering Group (SEPG) teams in order to continue the path to institutionalize SUITE and address the 2011 Office of the Auditor General (OAG) audit of SUITE and the 2013 SCAMPI C findings.

Computer Aid Staff Augmentation Contract

- See separate presentation
- Planning to use CAI for pre-qualification programs. Looking at Project Control Office Pre-Qual first.

6181 Lapeer Road, Smiths Creek, T06N, R16E, Sec. 04



Datum WGS 84

Code	Date	GPS	Type	Cond.	Terr. Name (next new nest letter)
* ALCONA					
AL01B	03-FEB-04 13:56	N44.73928 W83.59068	ground 2005	down	Comstock Creek (G)
AL01D	03-FEB-04 13:56	N44.73923 W83.57655	aerial 1999	up	
AL01E	not in GPS file	N44.73108 W83.58712	aerial 2000	up	
AL01F	03-FEB-04 13:56	N44.73183 W83.58583	aerial 2001	up	
AL02G	03-FEB-04 13:56	N44.56848 W83.83215	aerial<2000	down	Alcona-Bamfield Pond (G)
AL02H	03-FEB-04 13:56	N44.57117 W83.83228	ground<1996	down	
AL02J	03-FEB-04 13:56	N44.56450 W83.82627	ground 2007	down	
AL02K	22-MAR-10 14:08	N44.56802 W83.81514	ground 2011	up	
AL03C	03-FEB-04 13:56	N44.80267 W83.76513	aerial<2000	up	Little Wolf Creek (E)
AL03D	03-FEB-04 13:56	N44.80067 W83.76482	ground 2011	up	
AL04A	03-FEB-04 13:56	N44.77248 W83.88510	ground 2008	up	McCollum Lake (D)
AL04C	03-FEB-04 13:56	N44.76458 W83.87820	aerial<2000	down	
AL05A	20-MAR-06 13:20	N44.60012 W83.60693	ground 2007	down	Sprinkler Lake (E)
AL05B	03-FEB-04 13:56	N44.59805 W83.60752	aerial 2001	down	
AL05C	29-MAR-04 13:32	N44.59545 W83.61494	ground 2011	up	
AL05D	10-MAY-10 13:15	N44.60047 W83.60680	aerial 2010	down	
AL06A	03-FEB-04 13:56	N44.56767 W83.50302	ground 2001	down	Mikado (D)
AL06B	03-FEB-04 13:56	N44.56727 W83.50155	aerial 2002	down	
AL06C	25-MAR-05 14:00	N44.56546 W83.50944	aerial 2005	up	
AL07A	03-FEB-04 13:56	N44.79285 W83.45927	ground 2000	down	Lost Lake Woods (E)
AL07B	20-MAR-06 10:54	N44.77688 W83.47407	aerial 2006	poor	
AL07C	not in GPS file	N44.77688 W83.47407	aerial 2006	poor	(double nest tree, nest C above nest B)
AL07D	22-MAR-10 11:44	N44.77857 W83.47043	aerial 2010	up	
AL08A	03-FEB-04 13:56	N44.83302 W83.32322	aerial 2000	up?	Black River-Negwegon South (E)
AL08B	03-FEB-04 13:56	N44.80500 W83.30055	aerial 2000	up?	
AL08C	03-FEB-04 13:56	N44.79860 W83.30283	ground 2011	up	
AL08D	06-JUN-08 11:41	N44.79843 W83.30325	aerial 2008	up	
AL09A	21-APR-05 14:34	N44.63871 W83.88541	ground 2009	up	O'Brien Lake (B)
AL10A	03-FEB-04 13:56	N44.83293 W83.32773	ground 2002	down	Negwegon SP North (E)
AL10B	25-MAR-05 12:13	N44.83782 W83.32345	aerial 2005	down	
AL10C	20-MAR-06 11:14	N44.83490 W83.31857	aerial 2006	up	
AL10D	26-MAR-08 11:05	N44.83610 W83.32513	aerial 2008	up	
AL11A	22-APR-04 09:41	N44.69390 W83.41142	ground 2008	up	Lincoln-Brownley (B)
AL12A	20-MAR-06 10:43	N44.79893 W83.58019	ground 2008	down	Hubbard Lake (C)
AL12B	18-APR-12 11:28	N44.79867 W83.59162	ground 2013	up	
AL13A	20-MAR-06 12:58	N44.62145 W83.32900	ground 2007	up	Greenbush (C)
AL13B	28-MAR-07 11:57	N44.61939 W83.33548	aerial 2011	up	
AL14A	29-MAR-13 14:42	N44.63954 W83.68081	ground 2013	up	Reid Lake (A)
AL15A	02-APR-13 14:05	N44.77052 W83.52004	aerial 2013	up	Hubbard Lake East

(B)

AL99	03-FEB-04 13:56	N44.52438 W83.76248	aerial<2004	?	?

* ALLEGAN

AN02B	03-FEB-04 13:56	N42.58010 W85.98062	ground 2001	down	Swan Creek-Highbanks (I)
AN02D	03-FEB-04 13:56	N42.58160 W85.98187	estimate 2000	down	
AN02E	03-FEB-04 13:56	N42.58672 W85.98540	ground 2002	down	
AN02G	15-MAR-10 12:52	N42.57750 W85.97492	ground 2010	up	
AN02H	03-MAY-10 14:55	N42.58672 W85.98540	aerial 2010	up	
AN03E	03-FEB-04 13:56	N42.62143 W86.03162	aerial 2000	down	Ottawa Marsh (G)
AN03F	15-MAR-10 12:44	N42.61256 W86.01955	aerial 2010	up	
AN04A	03-FEB-04 13:56	N42.65120 W86.09927	ground 2000	down	New Richmond (F)
AN04B	03-FEB-04 13:56	N42.64755 W86.14323	ground 2003	up	
AN04C	23-MAR-06 11:55	N42.64193 W86.15971	aerial 2006	down	
AN04D	23-MAY-06 14:49	N42.64583 W86.14219	aerial 2006	down	
AN04E	17-MAR-08 14:04	N42.64561 W86.13287	ground 2008	up	

* ALPENA

AP01C	03-FEB-04 13:56	N45.10052 W83.58285	ground 2000	down	Seven Mile Dam Pond (I)
AP01D	03-FEB-04 13:56	N45.10422 W83.58362	ground<1998	down	
AP01E	03-FEB-04 13:56	N45.10040 W83.57623	aerial 2003	up?	
AP01G	not in GPS file	N45.10040 W83.57623	aerial 2003?	up?	(double nest tree, nest G above nest E)
AP01H	not in GPS file	N45.10040 W83.57623	estimate 2010	up	(close to nests E/G)
AP02J	03-FEB-04 13:56	N44.98457 W83.81427	ground<1998	down	Fletcher Pond NE (N)
AP02L	03-FEB-04 13:56	N44.98640 W83.82292	aerial 2001	down	
AP02M	26-MAY-04 13:41	N44.98852 W83.81949	aerial 2004	up	
AP03C	03-FEB-04 13:56	N45.04805 W83.32807	aerial 2003	up	North Point (E)
AP03D	31-MAR-05 13:34	N45.04791 W83.32543	ground 2013	up	
AP04B	03-FEB-04 13:56	N44.86642 W83.34912	ground 2000	up	Ossineke-South Point North (G)
AP04E	20-MAR-06 11:05	N44.87466 W83.34260	ground 2011	down	
AP04F	06-APR-12 11:53	N44.87966 W83.32844	aerial 2012	up	
AP05C	02-APR-08 13:32	N44.98695 W83.41567	aerial 2008	up	Sulphur Island (G)
AP05D	30-MAR-10 12:01	N44.99008 W83.41921	aerial 2010	up	
AP05E	09-APR-12 12:03	N44.99106 W83.41662	aerial 2012	up	
AP05F	09-APR-12 12:00	N44.98976 W83.41759	aerial 2012	up	
AP06J	03-FEB-04 13:56	N44.94892 W83.87803	aerial 2001	up	Fletcher Pond South-East (Shoreline) (N)
AP06L	03-FEB-04 13:56	N44.94839 W83.87576	aerial 2009	unknown	
AP06M	not in GPS file	N44.94892 W83.87803	estimate<2008	unknown	(near nests J & L)
AP07D	03-FEB-04 13:56	N45.00362 W83.87768	ground<1996	up	Fletcher Pond NW (E)
AP08C	03-FEB-04 13:56	N45.00787 W83.51147	aerial<2000	down	Devils Lake (G?)
AP08D	03-FEB-04 13:56	N45.00892 W83.49935	ground 2000	down	
AP08E	03-FEB-04 13:56	N44.97952 W83.46365	ground 2012	up	
AP08F?	not in GPS file	N44.97952 W83.46365	estimate 2013	up?	(possible new nest F close to nest E)
AP09A	03-FEB-04 13:56	N44.92422 W83.78997	aerial<2000	down	Beaver Lake (E)
AP09B	03-FEB-04 13:56	N44.93016 W83.81082	ground 2008	down	
AP09C	21-APR-06 10:58	N44.93147 W83.80907	ground 2008	up	
AP09D	23-APR-13 11:17	N44.91870 W83.80905	ground 2013	up	

AP10A	03-FEB-04 13:56	N45.20467 W83.66328	ground 2001	down	Ohlrich Road (E)
AP10C	16-MAY-08 14:17	N45.21060 W83.67122	aerial 2008	up	
AP10D	19-APR-10 13:57	N45.20202 W83.68466	aerial 2010	up	
AP11A	03-FEB-04 13:56	N45.19022 W83.32567	aerial 2002	down	Middle Island (E)
AP11B	03-FEB-04 13:56	N45.17570 W83.37537	aerial 2002	up	
AP11C	12-APR-04 13:01	N45.16924 W83.38674	aerial 2004	down	
AP11D	01-APR-09 10:36	N45.15874 W83.35992	ground 2010	up	
AP11?	02-MAY-05 10:45	N45.15555 W83.35682	aerial 2005	?	
AP12A	12-APR-04 13:12	N45.04537 W83.22996	aerial 2004	down	Thunder Bay-Sugar Island (D)
AP12B	10-APR-07 13:59	N45.04519 W83.22874	aerial 2007	down	
AP12C	05-APR-13 11:15	N45.04435 W83.22990	aerial 2013	up	
AP13A	31-MAR-05 13:18	N45.12729 W83.32444	ground 2008	up	North Point-Grass Lake (C)
AP13B	not in GPS file	N45.12785 W83.32355	aerial 2005	poor	(near nest A)
AP14A	31-MAR-05 14:12	N44.95215 W83.60831	aerial 2005	up	Wolf Creek Power Dam (B)
AP15A	04-APR-06 13:27	N45.03550 W83.43976	aerial 2006	up	Grass Island (B)
AP16A	05-APR-06 14:30	N44.94655 W83.84403	aerial 2006	down	Fletcher Pond South-East (Inland) (C)
AP16B	30-MAR-10 11:06	N44.94408 W83.84217	aerial 2010	up	
AP17A	05-JUN-07 13:43	N44.88154 W83.83134	ground 2011	up	Doctors Club (B)
AP18A	22-APR-04 10:02	N45.07019 W83.58078	aerial 2004	up	Alpena Airport (B)
AP19B	06-APR-09 13:29	N44.96132 W83.78379	aerial 2009	down	Rayburn Creek (E)
AP19C	09-APR-12 11:17	N44.95306 W83.78249	aerial 2012	up	
AP19D	05-APR-13 10:34	N44.95025 W83.78509	aerial 2013	up	
AP20A	26-MAY-10 15:56	N45.00977 W83.72376	aerial 2010	up	Sprat-Bean Creek (C)
AP20B	30-MAR-11 11:20	N45.01065 W83.72169	aerial 2011	up	
AP21A	30-MAR-11 11:05	N44.86797 W83.75170	aerial 2011	up	Upper Wolf Creek (B)
AP22A	30-MAR-11 13:09	N45.19152 W83.42463	aerial 2011	down	Long Lake SE (C)
AP22B	19-APR-12 14:16	N45.19187 W83.42572	aerial 2012	up	
AP23A	07-APR-11 12:41	N45.03687 W83.49312	ground 2013	up	City of Alpena-Mud Lake (B)
AP24A	18-APR-12 14:39	N44.91198 W83.40164	aerial 2012	up	Ossineke-South Point South (B)
AP25A	05-APR-13 11:23	N45.06114 W83.29249	aerial 2013	up	Misery Bay-Crooked Island (B)

* ARENAC

AR02A	03-FEB-04 13:56	N43.99295 W83.74735	aerial<2000	down	AuGres-Wigwam-Rifle River (G)
AR02E	03-FEB-04 13:56	N44.00555 W83.77132	ground 2001	down	
AR02F	03-FEB-04 13:56	N44.00942 W83.77772	ground 2003	up	
AR03A	03-FEB-04 13:56	N44.13627 W83.70250	aerial<2000	up	Santiago (E)
AR03D	03-FEB-04 13:56	N44.13610 W83.43180	ground 2013	up	
AR04A	03-FEB-04 13:56	N44.03182 W83.43180	ground 2001	down	Big Charity Island (J)
AR04B	03-FEB-04 13:56	N44.03093 W83.43133	ground 2000	down	
AR04C	03-FEB-04 13:56	N44.02832 W83.44045	ground 2002	up	
AR04D	13-APR-07 11:43	N44.03270 W83.43368	aerial 2007	down	
AR04E	18-MAR-11 10:07	N44.02865 W83.43187	ground 2009	up	
AR04F	not in GPS file	N44.02873 W83.43064	aerial 2010	up	(close to nest E)
AR04G	12-APR-10 15:35	N44.03431 W83.43664	aerial 2011	up	
AR04H	08-APR-11 14:26	N44.02955 W83.43403	ground 2011	up	

AR04I	30-MAY-12 10:50	N44.03009 W83.42882	ground 2012	up	
AR05A	03-FEB-04 13:56	N44.02255 W83.69232	ground 2003	down	Pt AuGres South (E)
AR05C	21-MAR-08 10:38	N43.99829 W83.68871	ground 2012	up	
AR05D	08-APR-11 14:45	N44.00891 W83.71633	aerial 2011	poor	
AR06A	15-MAR-05 14:39	N44.09541 W84.04401	ground 2009	up	Forest Lake (C)
AR06B	13-APR-07 14:09	N44.09530 W84.04310	ground 2012	up	
AR07A	15-MAR-06 11:12	N44.01876 W83.82168	aerial 2006	up	Hickory Island (C)
AR07B	21-MAR-08 10:47	N44.02796 W83.81569	ground 2008	up	
AR08A	03-FEB-04 13:56	N44.09233 W83.67563	ground 2007	up	Delano (D)
AR08B	03-FEB-04 13:56	N44.09192 W83.68083	aerial<2000	down	
AR08C	20-MAR-09 13:59	N44.09090 W83.68116	ground 2009	up	
AR09B	17-MAR-06 15:19	N44.04408 W83.76267	ground 2006	down	Knoll View (D)
AR09C	07-APR-09 14:04	N44.04359 W83.76363	ground 2008	up	
AR10A	13-APR-07 11:54	N44.06041 W83.65283	ground 2013	up	Pt AuGres North (B)
AR11A	21-MAR-08 10:57	N43.98184 W83.84882	aerial 2008	up	Wigwam Bay (B)
AR99	20-MAR-09 13:53	N44.11991 W83.75973	aerial 2010	up	Santiago West

* ANTRIM

AT03B	03-FEB-04 13:56	N44.92302 W85.21213	aerial<2000	down	Lake Bellaire (G)
AT03C	03-FEB-04 13:56	N44.92110 W85.21557	ground<1997	down	
AT03D	03-FEB-04 13:56	N44.91027 W85.20717	aerial 2001	up	
AT03F	03-FEB-04 13:56	N44.90577 W85.20440	estimate 2005	up	
AT04B	03-FEB-04 13:56	N44.98503 W85.34732	estimate 2007	up	Torch Lake (D)
AT04C	23-APR-12 10:57	N44.97941 W85.35066	aerial 2012	up	
AT05C	29-MAR-05 09:51	N45.17750 W85.31209	estimate 2006	up	Mud Lake-Atwood (F)
AT05D	31-MAR-09 14:15	N45.17126 W85.31098	aerial 2009	down	
AT05E	03-FEB-04 13:56	N45.17792 W85.31318	estimate 2011	down	
AT06A	18-MAR-05 13:20	N44.99107 W85.20265	aerial 2005	down	Bellaire Airport (C)
AT06B	04-APR-08 11:07	N44.98957 W85.20386	ground 2012	up	
AT07A	15-APR-13 10:17	N45.12822 W85.32506	aerial 2013	up	Eastport (B)
AT08A	26-APR-13 10:32	N45.09029 W84.91585	aerial 2013	up	Elmira (B)

* BAY

BY01C	03-FEB-04 13:56	N43.52828 W83.91217	ground 1999	down	Skull/Stoney Island (F)
BY01D	25-MAR-04 14:12	N43.54572 W83.90558	ground 2004	up	
BY01E	26-MAR-12 12:27	N43.54725 W83.90029	ground 2012	up	
BY02C	03-FEB-04 13:56	N43.63410 W83.79585	ground 2001	down	Quinicassee (K)
BY02F	03-FEB-04 13:56	N43.63155 W83.79196	ground 2007	up	
BY02G	09-MAY-08 10:04	N43.62420 W83.85015	ground 2008	down	
BY02I	18-MAR-11 13:53	N43.63331 W83.80937	aerial 2011	down	
BY02J	26-MAR-12 10:03	N43.63420 W83.79980	aerial 2012	up	
BY03A	03-FEB-04 13:56	N43.77693 W83.92927	ground 1999	down	Nayanguing Point (F)
BY03D	03-FEB-04 13:56	N43.78882 W83.97330	ground 2003	up	
BY03E	03-FEB-04 13:56	N43.78593 W83.96293	ground 2008	down	
BY04A	28-MAR-05 09:41	N43.90832 W84.02186	aerial 2005	up	Saganing Creek (D)
BY04B	15-MAR-06 11:39	N43.93663 W84.01753	aerial 2006	up	
BY04C	08-APR-08 13:44	N43.93741 W84.00384	aerial 2008	down	
BY05A	18-MAR-10 10:55	N43.62126 W83.98515	ground 2010	up	Kawkalin River (C)
BY05B	18-MAR-11 14:06	N43.62328 W83.98220	ground 2011	up	

BY06A	18-MAR-10 14:09	N43.96593 W84.10959	aerial 2010	up	Bentley (B)
BY07A	18-MAR-10 10:54	N43.60979 W83.87729	ground 2010	up	Golson Park (C)
BY07B	not in GPS file	N43.61004 W83.87726	ground 2012	up	(close to nest A)
BY08A	18-MAR-10 10:52	N43.62402 W83.85020	ground 2010	up	Marina (B)
BY09A	26-MAR-12 09:51	N43.66432 W83.89555	ground 2012	up	Tobico Marsh (B)
BY10A	26-MAR-12 09:55	N43.67512 W83.82609	aerial 2012	up	Spoil Island (B)
* BENZIE					
BZ01D	03-FEB-04 13:56	N44.70183 W86.05073	aerial<2000	up	Platte Lake (G)
BZ01E	not in GPS file	N44.69093 W86.05402	aerial 1999	up	
BZ01F	not in GPS file	N44.70183 W86.05073	aerial<2000	up	(double nest tree, nest F above nest D)
BZ01?	03-FEB-04 13:56	N44.69677 W86.05700	aerial<2004	?	
BZ04C	03-FEB-04 13:56	N44.55058 W86.14658	estimate 2006	up	Upper Herring Lake (E)
BZ04D	not in GPS file	N44.55058 W86.14658	ground 2001	up	(close to nest C)
BZ06B	03-FEB-04 13:56	N44.61168 W85.84892	ground<2000	up	Grass Lake Flooding (F)
BZ06D	not in GPS file	N44.61173 W85.87146	estimate ?	unknown	
BZ06E	03-FEB-04 13:56	N44.60690 W85.85858	aerial 2000	unknown	
BZ07A	03-FEB-04 13:56	N44.76062 W85.91817	aerial<2000	up	Pearl Lake (D)
BZ07B	09-APR-10 11:04	N44.75737 W85.91550	aerial 2010	up	
BZ07C	13-APR-12 11:14	N44.77399 W85.93201	aerial 2012	up	
BZ08A	18-MAR-05 11:39	N44.69161 W86.15347	ground 2009	up	Crystal Lake East (D)
BZ08B	03-APR-08 10:32	N44.69043 W86.15173	ground 2008	up	
BZ08C	09-APR-10 11:14	N44.69090 W86.15391	aerial 2010	up	
BZ09A	25-MAY-06 10:11	N44.75080 W86.06280	ground 2006	down	Otter Lake-Sleeping Bear (C)
BZ09B	18-MAY-07 10:22	N44.75336 W86.06646	ground 2013	up	
BZ10A	09-APR-10 11:22	N44.69835 W86.21086	ground 2011	up	Crystal Lake West (B)
BZ11A	09-APR-10 11:39	N44.54351 W85.86131	ground 2010	up	Grass Lake/Twin Lakes (B)
BZ12B	01-APR-11 12:59	N44.61115 W86.19181	ground 2013	up	Frankfort Airport (C)
BZ13A	04-APR-13 11:55	N44.66288 W85.93967	ground 2013	up	Platte River Hatchery (B)
BZ14A	04-APR-13 13:35	N44.58728 W86.07009	aerial 2013	up	Betsie River (B)
* CHEBOYGAN					
CB01C	03-FEB-04 13:56	N45.46057 W84.30802	ground 2001	up	Upper Black River (F)
CB02E	03-FEB-04 13:56	N45.42795 W84.56947	aerial<2000	down	Burt/Mullett Lake (K)
CB02F	03-FEB-04 13:56	N45.44387 W84.59732	ground ?down		
CB02G	03-FEB-04 13:56	N45.45023 W84.58990	aerial<2000	down	
CB02I	31-MAR-11 11:32	N45.44986 W84.59239	ground 2011	up	
CB02J	26-APR-13 14:26	N45.44622 W84.57843	aerial 2013	up	
CB03B	05-APR-06 10:51	N45.54023 W84.68437	ground 2007	up	Reese's Bog-UMBS (C)
CB08B	03-FEB-04 13:56	N45.28243 W84.39360	aerial<1998	down	Elk Range (F)
CB08D	30-MAR-05 14:48	N45.28125 W84.39273	estimate 2006	down	
CB08E	05-APR-06 13:36	N45.27525 W84.36086	aerial 2006	up	
CB09B	03-FEB-04 13:56	N45.60183 W84.31253	aerial<2000	down	Lake Sixteen (D)
CB09C	03-FEB-04 13:56	N45.60370 W84.30783	aerial 1999	up	

CB10B	09-APR-04 14:42	N45.34180 W84.29360	ground 2007	up	Towar N-Kleber Pond (D)
CB10C	03-FEB-04 13:56	N45.37737 W84.31190	aerial 2013	up	
CB11A	03-FEB-04 13:56	N45.47810 W84.72788	aerial<2000	up	Maple River Mouth (C)
CB11B	22-APR-04 13:32	N45.47850 W84.72164	ground 2012	up	
CB12A	03-FEB-04 13:56	N45.62700 W84.68965	aerial<2000	up	Munro Lake (C)
CB12B	09-APR-07 14:01	N45.62564 W84.69118	aerial 2007	up	
CB13B	03-FEB-04 13:56	N45.28658 W84.25702	ground 2007	up	Towar S-Onaway
CB13C	31-MAR-10 10:18	N45.28145 W84.24134	ground 2013	up	
CB14A	03-FEB-04 13:56	N45.70777 W84.66485	aerial 1999	down	Dingman Marsh (D)
CB14B	22-APR-04 12:48	N45.73021 W84.68707	ground 2012	up	
CB14C	not in GPS file	N45.73039 W84.66706	estimate 2013	up	
CB15A	03-FEB-04 13:56	N45.40228 W84.55255	aerial 2001	down	Roberts Lake (D)
CB15B	03-FEB-04 13:56	N45.39975 W84.53802	ground 2007	down	
CB15C	01-APR-09 14:51	N45.43618 W84.56039	ground 2011	up	
CB16A	03-FEB-04 13:56	N45.50703 W84.31735	ground 2006	down	Black Lake (C)
CB16B	01-APR-09 11:31	N45.50437 W84.31851	aerial 2009	up	
CB17A	25-MAY-05 10:06	N45.38458 W84.40762	ground 2011	up	Stoney Creek Flooding (B)
CB18A	21-APR-06 14:18	N45.57828 W84.70930	aerial 2006	down	Douglas Lake-Pells Island (D)
CB18B	16-APR-13 13:36	N45.57557 W84.72885	ground 2012	down	
CB18C	31-MAR-11 13:43	N45.57542 W84.72782	aerial 2013	up	
CB19A	01-APR-09 14:35	N45.40026 W84.59207	ground 2007	down	Indian River Airport (C)
CB19B	09-JUL-08 11:16	N45.39936 W84.59156	ground 2013	up	
CB20A	08-JUL-09 12:52	N45.62714 W84.42371	ground 2010	down	Cheboygan SP (B)
CB21A		N45.32629 W84.45781	aerial 2012	up	Afton (B)
CB22A	16-APR-13 13:55	N45.70603 W84.59204	aerial 2013	up	Mill Creek (B)
CB23A	16-APR-13 13:59	N45.68284 W84.56394	aerial 2013	up	Cheboygan Airport (C)
CB23B	16-APR-13 14:02	N45.67892 W84.55053	aerial 2013	up	
* CALHOUN					
CH01B	23-MAR-05 10:13	N42.38883 W84.99683	aerial 2005	up	Baker Sanctuary (D)
CH01C	16-MAR-09 11:32	N42.38603 W85.00343	ground 2010	up	
* CLARE					
CL01F	03-FEB-04 13:56	N43.88782 W85.04492	ground 2000	down	Cranberry Lake (H)
CL01G	03-FEB-04 13:56	N43.88797 W85.04500	ground 2006	up	
CL02B	03-FEB-04 13:56	N43.90319 W84.81693	ground 2009	up	McKay Ranch (D)
CL03A	03-FEB-04 13:56	N43.97953 W84.93905	ground<1997	up	Lake George (B)
CL03?	03-FEB-04 13:56	N43.98820 W84.94585	aerial<2004	unknown	
CL04A	03-FEB-04 13:56	N43.92997 W84.99137	aerial<2000	down	Doc & Tom Lake (C)
CL04B	16-APR-04 13:36	N43.90739 W84.95975	ground 2008	up	
CL05A	03-FEB-04 13:56	N44.08465 W84.76655	ground 2006	up	Long Lake (D)
CL05B	03-FEB-04 13:56	N44.08548 W84.76890	aerial 2003	down	
CL05C	28-MAR-11 13:24	N44.08768 W84.76809	ground 2013	up	
CL06A	03-FEB-04 13:56	N43.83818 W84.97883	aerial 2003	down	Bluff Lake (B)
CL07A	24-MAR-09 13:56	N44.02686 W84.93929	aerial 2009	up	Kitty Curtis Farm (C)
CL07B	25-MAR-10 10:36	N44.02594 W84.92953	aerial 2010	up	

CL08A	07-JUL-09 10:18	N44.11057 W84.86010	aerial 2009	up	Haskel Lake (C)
CL08B	not in GPS file	N44.11088 W84.86037	ground 2013	up	
CL09A	31-MAY-11 14:30	N43.83517 W84.74703	aerial 2011	up	Clare Co Airport (B)
CL10A	29-MAR-12 12:04	N44.13907 W85.07130	aerial 2012	up	Clam River Flooding (B)
CL11A	17-APR-12 10:26	N43.97075 W84.72142	aerial 2011	up	Breman Lake (B)
CL12A	25-MAR-10 10:49	N43.90953 W84.82776	aerial 2009	down	McKay Ranch Annex (B)

* CRAWFORD

CR02A	not in GPS file	N44.63935 W84.49156	estimate ?	?	Wakeley Lake (F) (platform in oak)
CR02B	03-FEB-04 13:56	N44.64325 W84.49200	aerial<2000	up	
CR02C	03-FEB-04 13:56	N44.64538 W84.49397	aerial<2000	down	
CR02D	29-MAR-04 09:45	N44.64443 W84.49368	ground 2007	down	
CR02E	22-MAR-10 10:05	N44.63802 W84.51271	ground 2013	up	
CR03B	03-FEB-04 13:56	N44.85638 W84.44360	ground 2001	down	Big Creek (C)
CR04A	03-FEB-04 13:56	N44.75780 W84.45033	aerial<2000	down	Chub Lake (C)
CR04B	03-FEB-04 13:56	N44.75496 W84.45528	ground 2011	up	
CR05A	03-FEB-04 13:56	N44.72067 W84.75822	aerial<2000	down	Grayling S (I)
CR05B	03-FEB-04 13:56	N44.68187 W84.78635	aerial<2000	down	
CR05C	03-FEB-04 13:56	N44.66672 W84.77900	aerial<2000	down	
CR05D	03-FEB-04 13:56	N44.66873 W84.76230	aerial 1997	down	
CR05E	03-FEB-04 13:56	N44.64392 W84.80018	ground 2000	up	
CR05F	03-FEB-04 13:56	N44.64812 W84.80043	ground 2001	up	
CR05G	03-FEB-04 13:56	N44.64312 W84.79330	aerial 2003	up	
CR05H	30-MAR-05 09:27	N44.64503 W84.79258	aerial 2005	up	
CR06B	03-FEB-04 13:56	N44.54435 W84.52610	aerial 2003	down	Mason Tract (C)
CR07A	03-FEB-04 13:56	N44.70390 W84.53938	ground 2004	down	Bald Hill (C)
CR07B	31-MAR-05 09:18	N44.69407 W84.51133	ground 2006	up	
CR08A	03-FEB-04 13:56	N44.79287 W84.42987	aerial 2002	down	Lovells (D)
CR08B	03-FEB-04 13:56	N44.79347 W84.42948	aerial 2003	up	
CR08C	27-MAR-06 09:47	N44.80169 W84.44018	ground 2011	up	
CR09A	03-FEB-04 13:56	N44.81223 W84.37917	aerial 2002	up	Pickeral Lake Flooding (C)
CR09B	not in GPS file	N44.81163 W84.38006	ground 2013	up	(near nest A)
CR10A	23-MAY-05 13:27	N44.64503 W84.67955	aerial 2005	up	Shellenbarger Lake (D)
CR10B	17-MAY-06 12:53	N44.64493 W84.67945	ground 2007	up	
CR10C	07-APR-08 09:18	N44.64730 W84.67403	ground 2008	up	
CR11A	19-APR-07 15:41	N44.66770 W84.37701	aerial 2007	up	Gammey Creek (B)
CR12A	27-MAR-09 10:51	N44.71828 W84.75987	ground 2013	up	Sandhill Lake (B)
CR13A	07-JUL-10 09:22	N44.70374 W84.75789	aerial 2010	up	Grayling N (B)
CR14A	11-MAY-12 09:15	N44.71037 W84.41398	ground 2012	up	Kellogg Bridge (B)
CR98	10-MAY-11 15:41	N44.53883 W84.79715	aerial 2011	?	

* CASS

CS01A	17-MAR-08 12:24	N41.95190 W86.02553	aerial 2008	up	LaGrange (B)

* CLINTON

CT01A	17-MAR-08 10:40	N43.10059 W84.73655	ground 2008	down	Maple Rapids (C)
CT01B	16-MAR-09 10:35	N43.09412 W84.74693	ground 2009	up	
CT02A	13-MAY-13 11:20	N42.86433 W84.46451	aerial 2013	up	Dewitt (B)

* CHARLEVOIX

CX01B	03-FEB-04 13:56	N45.11117 W85.11495	ground<1998	down	East Jordan (E)
CX01C	03-FEB-04 13:56	N45.14760 W85.13097	ground 2005	up	(west-most of 3 powerpole platforms)
CX01D	not in GPS file	N45.14858 W85.12935	ground 2013	up	(second powerpole platform)
CX02A	03-FEB-04 13:56	N45.63273 W85.55860	aerial<2000	down	Beaver Island SW-Fox Lake (F)
CX02C	03-FEB-04 13:56	N45.58478 W85.61758	ground 2006	down	
CX02D	18-MAY-07 11:52	N45.58418 W85.61752	aerial 2007	down	
CX02E	31-MAR-09 10:50	N45.58558 W85.61619	ground 2011	up	
CX03A	03-FEB-04 13:56	N45.80098 W85.48805	aerial 1999	up	Garden Island Central (D)
CX03C	not in GPS file	N45.80238 W85.47932	aerial 2010	up	
CX04A	03-FEB-04 13:56	N45.73810 W85.69598	ground 2011	up	High Island NW (C)
CX04B	31-MAR-09 11:00	N45.73772 W85.69530	aerial 2009	up	
CX04?	31-MAR-09 11:04	N45.74495 W85.68647	aerial 2009	?	
CX05A	03-FEB-04 13:56	N45.70173 W85.84008	ground 2010	down	Gull Island (C)
CX05B	29-MAR-05 13:04	N45.70243 W85.83859	aerial 2005	up	
CX06A	03-FEB-04 13:56	N45.79682 W85.35503	aerial 2003	down	Hog Island (D)
CX06B	29-MAR-06 14:11	N45.79455 W85.37057	aerial 2009	up	
CX06C	31-MAR-09 11:46	N45.78315 W85.36254	aerial 2006	up	
CX07A	07-APR-04 12:54	N45.71897 W85.54368	ground 2011	up	Beaver Island-St James (B)
CX08A	07-APR-04 13:16	N45.81222 W85.61223	ground 2005	down	Whiskey Island (C)
CX08B	26-MAY-10 13:22	N45.81298 W85.61180	ground 2011	up	
CX09A	22-MAY-06 11:26	N45.64238 W85.50829	aerial 2006	down	Beaver Island-Lake Geneserath (C)
CX09B	19-MAY-08 10:51	N45.61829 W85.52052	ground 2011	up	
CX10A	05-JUN-07 15:26	N45.32009 W85.17092	ground 2011	up	Lake Charlevoix-Susan Lake (B)
CX11A	06-JUN-08 10:55	N45.18576 W84.77423	aerial 2008	down	Thumb Lake (C)
CX11B	31-MAR-10 09:47	N45.18634 W84.77583	ground 2013	up	
CX12A	31-MAR-09 14:23	N45.29533 W85.31577	aerial 2009	down	Fisherman Island SP (C)
CX12B	01-APR-11 10:05	N45.29608 W85.32273	aerial 2011	up	
CX13A	03-APR-08 14:32	N45.78202 W85.46812	ground 2010	up	New Garden Island SE (C)
CX13B	not in GPS file	N45.78242 W85.47501	estimate ?	up	(west of nest A)
CX14B	31-MAR-10 09:34	N45.70261 W85.67411	ground 2011	up	High Island SE (C)
CX15A	01-APR-11 10:36	N45.77078 W85.68877	aerial 2011	up	Trout Island (B)
CX16A	12-JUL-13 10:40	N45.23482 W85.05105	aerial 2013	up	Young SP (B)

* EMMET

ET01C	29-MAR-05 14:30	N45.65780 W84.96708	ground 2010	up	Wycamp Lake E (E)
ET01D	31-MAR-11 14:17	N45.65328 W84.96430	aerial 2011	up	
ET02C	not in GPS file	N45.14086 W84.77763	estimate ?	unknown	Pickerel Channel (old nest) (H)
ET02E	03-FEB-04 13:56	N45.40508 W84.80530	aerial 1997	unknown	
ET02F	03-FEB-04 13:56	N45.41167 W84.77847	aerial 1999	unknown	
ET02G	03-FEB-04 13:56	N45.39856 W84.78693	ground 2008	up	
ET03A	03-FEB-04 13:56	N45.72795 W84.92823	ground 2006	up	O'Neal Flooding-Wilderness SP (E)
ET03B	03-FEB-04 13:56	N45.72397 W84.92220	aerial<2000	down	
ET03C	03-FEB-04 13:56	N45.74955 W84.94337	aerial 1999	down	

ET03D	03-FEB-04 13:56	N45.74560 W84.93553	aerial 2001	up	
ET04A	03-FEB-04 13:56	N45.59046 W84.91207	ground 2008	down	Larks Lake S (C)
ET04B	03-FEB-04 13:56	N45.59223 W84.90928	aerial 2001	down	
ET05A	03-FEB-04 13:56	N45.33873 W85.04887	ground 2000	down	Walloon Lake (E)
ET05B	05-JUN-07 15:21	N45.34070 W85.05362	aerial 2007	down	
ET05C	19-APR-10 11:10	N45.33257 W85.08194	aerial 2010	up	
ET05D	not in GPS file	N45.33115 W85.08276	ground 2011	up	(near nest C)
ET06A	03-FEB-04 13:56	N45.67873 W84.78398	aerial 2000	down	Lake Paradise (C)
ET06B	03-FEB-04 13:56	N45.67887 W84.73060	ground 2007	up	
ET07A	03-FEB-04 13:56	N45.73462 W84.77873	aerial 2001	down	French Farm Lake W (D)
ET07B	03-FEB-04 13:56	N45.73918 W84.81868	aerial 2003	up	
ET07C	05-APR-10 13:20	N45.73875 W84.82329	ground 2011	up	
ET08A	18-MAY-05 13:29	N45.63103 W85.05220	aerial 2005	down	Cross Village (D)
ET08C	31-MAR-10 09:30	N45.63078 W85.04894	estimate 2013	up	
ET09A	09-APR-07 13:24	N45.73372 W84.77309	ground 2011	up	French Farm Lake East (B)
ET10B	10-APR-07 10:25	N45.46447 W85.06422	estimate 2012	down	5 Mile Creek-Harbor Springs (C)
ET11B	10-APR-07 10:32	N45.53228 W84.91833	estimate 2011	up	Pleasantview Swamp S (C)
ET12A	19-APR-07 11:25	N45.61142 W84.92221	ground 2011	up	Larks Lake N (B)
ET13A	18-MAY-07 15:42	N45.46532 W84.76910	ground 2008	up	Alanson (B)
ET14A	09-JUL-08 10:34	N45.65006 W84.98729	ground 2011	up	Wycamp Lake W (B)
ET15A	31-MAR-11 13:57	N45.42219 W84.84613	aerial 2011	up	Odin Hatchery (C)
ET15B	15-APR-13 11:03	N45.42331 W84.86663	aerial 2013	up	
ET16A	not in GPS file	N45.56133 W84.90408	aerial 2012	up	Pleasantville Swamp N (B)

* GLADWIN

GL01B	03-FEB-04 13:56	N44.07918 W84.20628	ground 2000	down	Molasses River Flooding (F)
GL01C	03-FEB-04 13:56	N44.08355 W84.19937	ground 2007	unknown	
GL01D	20-MAR-09 13:29	N44.04710 W84.17270	aerial 2009	unknown	
GL01E	18-MAR-10 15:08	N44.04403 W84.16980	ground 2011	up	
GL02A	03-FEB-04 13:56	N44.02795 W84.26260	aerial<2000	down	Mosquito Alley (D)
GL02B	03-FEB-04 13:56	N44.01518 W84.15577	aerial 2001	up	
GL02C	16-MAR-05 10:48	N44.01333 W84.15315	aerial 2005		
GL03A	03-FEB-04 13:56	N43.81538 W84.27882	aerial<2000	down	Kawkawlin Creek Flooding (E)
GL03C	03-FEB-04 13:56	N43.83540 W84.28035	ground 2009	up	
GL03D	not in GPS file	N43.82938 W84.29634	ground 2013	up	
GL04A	03-FEB-04 13:56	N44.02047 W84.35312	aerial<2000	unknown	Tittabawassee River (F)
GL04B	03-FEB-04 13:56	N44.02547 W84.35288	ground 2000	unknown	
GL04C	03-FEB-04 13:56	N44.02648 W84.34728	ground 2007	up	
GL04D	24-MAR-09 13:40	N44.01928 W84.34915	ground 2013	up	
GL04E	18-MAR-10 14:57	N44.01969 W84.35878	ground 2012	up	
GL05A	03-FEB-04 13:56	N44.15977 W84.45039	ground 2013	up	Lake 4 (B)
GL06A	03-FEB-04 13:56	N43.93913 W84.59607	aerial 1998	poor	Tobacco River (C)
GL06B	03-FEB-04 13:56	N43.94252 W84.57207	aerial 2002	up	
GL07A	22-MAR-07 14:44	N43.98184 W84.18802	aerial 2007	up	Bentley Marsh (B)
GL08A	21-MAR-08 15:22	N43.91470 W84.28302	aerial 2008	up	Gurnsey Creek (D)
GL08B	18-MAR-10 14:20	N43.91410 W84.28577	aerial 2010	up	
GL08C	10-APR-12 15:33	N43.91520 W84.30571	aerial 2012	up	

GL09A	13-MAY-08 09:50	N43.89399 W84.45529	aerial 2008	up	Beaverton (B)
GL10A	19-MAR-09 15:38	N44.04034 W84.55540	aerial 2009	up	Pratt Lake (D)
GL10B	20-MAR-09 15:18	N44.03686 W84.53672	ground 2009	up	
GL10C	13-APR-11 11:34	N44.03410 W84.56186	ground 2012	up	
GL11A	07-APR-09 14:43	N44.15457 W84.38306	aerial 2009	up	Perch Lake (C)
GL11B	24-MAR-09 13:14	N44.16514 W84.36887	aerial 2009	unknown	
GL12A	24-MAR-09 13:16	N44.15286 W84.40623	aerial 2009	down	Lake 4 Outlet (C)
GL12B	20-MAR-12 15:41	N44.14593 W84.40632	aerial 2012	up	
* GENESEE					
GN01A	04-MAY-10 13:35	N43.02848 W83.75262	aerial 2010	up	Flint River (B)
GN03A	25-MAR-13 14:32	N43.10522 W83.56627	aerial 2013	up	Mott Lake (B)
GN02A	25-MAR-13 14:53	N43.21044 W83.87872	aerial 2013	up	Montrose (B)
* GRATIOT					
GR01C	23-MAR-04 15:01	N43.14068 W84.58080	ground 2001	up	Maple River SGS (F)
GR01D	03-FEB-04 13:56	N43.14088 W84.56758	ground 2002	up?	
GR01E	23-MAR-04 15:05	N43.13948 W84.56708	ground 2004	up	
* GRAND TRAVERSE					
GT01B	30-MAR-06 10:35	N44.85647 W85.43955	aerial 2006	down	Petobego Marsh (E)
GT01C	22-MAY-06 14:37	N44.85447 W85.44187	ground 2012	up	
GT01D	not in GPS file	N44.85070 W85.42447	ground 2007	unknown	
GT02B	03-FEB-04 13:56	N44.64676 W85.49474	ground 2008	down	Brown Bridge Pond (C)
GT04B	03-FEB-04 13:56	N44.54233 W85.34215	aerial<2000	up	Fife/Mud Lake (D)
GT04C	03-FEB-04 13:56	N44.54343 W85.34012	aerial 2002	up	
GT05A	03-FEB-04 13:56	N44.69820 W85.47770	ground<1998	down	Spider Lake (E)
GT05D	24-MAY-10 11:32	N44.68734 W85.43957	aerial 2010	up	
GT06A	03-FEB-04 13:56	N44.81286 W85.45964	ground 2008	up	Yuba Valley (E)
GT06B	03-FEB-04 13:56	N44.81208 W85.45705	ground 2003	down	
GT06C	07-APR-10 14:59	N44.79637 W85.46637	aerial 2009	down	
GT06D	15-APR-11 12:29	N44.80897 W85.48211	ground 2012	up	
GT07A	03-FEB-04 13:56	N44.69292 W85.78493	ground 2004	down	Lake Dubonnet (C)
GT07B	30-MAR-07 12:59	N44.68810 W85.79041	ground 2013	up	
GT08A	21-MAY-04 11:10	N44.74052 W85.54762	ground 2007	up	Cherry City Airport (C)
GT08B	04-APR-08 11:36	N44.72847 W85.54330	ground 2012	up	
GT09A	30-MAR-06 12:00	N44.97850 W85.48762	ground 2005	down	Old Mission Point (C)
GT09B	17-APR-08 11:15	N44.97234 W85.50259	aerial 2008	up	
GT10A	27-MAR-07 14:30	N44.56534 W85.35232	aerial 2007	up	Fife Lake Islands (B)
GT11A	09-APR-10 10:31	N44.61749 W85.79474	aerial 2010	down	Interlocken (B)
GT12A	01-APR-11 15:02	N44.61176 W85.53634	ground 2011	up	Kingsley (B)
GT13A	10-MAY-11 11:57	N44.72963 W85.74841	ground 2011	up	Long Lake Island (B)
GT14A	10-MAY-11 14:40	N44.85749 W85.50612	aerial 2011	up	Bowers Harbor (C)
GT14B	02-APR-12 16:06	N44.85731 W85.50936	aerial 2012	up	
GT15A	not in GPS file	N44.62029 W85.56416	aerial 2013	up	Jaxon Creek (B)
* HILLSDALE					
HI01A	not in GPS file	N42.01807 W84.48183	aerial 2011	down	Jerome-Goose

Lake (B)

* HURON

HU02E	03-FEB-04 13:56	N43.87765 W83.41962	ground 2000	down	North Island (G)
HU02F	23-MAR-12 14:19	N43.87772 W83.42506	aerial 2012	up	
HU03C	03-FEB-04 13:56	N43.85170 W83.44672	ground 2003	down	Heisterman Island (F)
HU03E	18-MAR-10 12:06	N43.85078 W83.44686	ground 2011	up	
HU04B	03-FEB-04 13:56	N43.90323 W83.33422	ground 2002	unknown	Sand Point (E)
HU04D	03-FEB-04 13:56	N43.91118 W83.33540	estimate 2009	up	
HU05A	25-MAR-04 14:42	N43.81240 W83.44463	ground 2004	up	Wildfowl Bay (C)
HU05B	20-MAR-07 13:59	N43.81236 W83.45500	ground 2013	up	
HU06A	13-APR-07 11:08	N44.05987 W82.96578	aerial 2007	up	Port Austin (D)
HU06B	11-MAY-07 15:09	N44.05967 W82.96152	aerial 2007	up	
HU06C	28-MAR-13 14:38	N44.05956 W82.96690	ground 2013	up	
HU07A	13-APR-07 11:14	N44.04099 W82.86101	aerial 2007	up	Grindstone City (B)
HU08B	13-APR-07 11:20	N44.03757 W82.83754	ground 2007	down	Huron City-Willow Creek (E)
HU09A	11-MAY-07 14:57	N44.00720 W82.76563	aerial 2007	down	Port Hope South (E)
HU09B	19-MAR-09 10:34	N44.96607 W82.75523	ground 2009	down	
HU09C	23-MAR-12 13:46	N43.96616 W82.75513	ground 2013	up	
HU10A	17-MAR-10 14:22	N43.87825 W82.68021	ground 2013	up	Harbor Beach North (B)
HU11A	15-MAR-11 15:06	N43.94968 W83.24917	ground 2013	up	Caseville (B)
HU12A	18-MAR-11 10:19	N43.85328 W83.38408	aerial 2011	up	Bay Port (B)
HU13B	18-MAR-11 10:31	N43.73824 W83.46098	ground 2012	up	Sebawaing (C)
HU14A	28-MAR-13 14:21	N43.83345 W82.63769	aerial 2013	up	Harbor Beach South (B)
HU15A	17-APR-12 16:06	N44.00243 W82.76794	aerial 2012	up	Port Hope North (B)
HU16A	28-MAR-13 14:43	N44.02310 W83.02870	aerial 2013	up	Crescent City (B)

* IONIA

IA01B	23-MAR-04 14:15	N42.96692 W85.10033	aerial 2004	down	Ionia SRA (E)
IA01C	23-MAR-06 10:37	N42.95954 W85.13861	aerial 2006	down	
IA01D	16-MAR-11 14:21	N42.95694 W85.16005	aerial 2011	down	
IA02A	03-FEB-04 13:56	N42.93902 W84.91947	aerial 2001	down	Weber Dam (D)
IA02B	03-FEB-04 13:56	N42.96667 W84.90290	ground 2004	up	
IA02C	17-MAR-08 11:03	N42.96525 W84.90461	aerial 2008	up	
IA03A	16-MAR-09 10:41	N43.01874 W84.88094	aerial 2009	down	Pewamo (C)
IA03B	16-MAR-11 14:37	N43.01289 W84.88899	aerial 2011	up	
IA04A	16-MAR-09 10:47	N42.98947 W84.94982	aerial 2009	up	Lyons (B)
IA05A	17-MAR-10 10:24	N42.80833 W84.93187	ground 2009	down	Portland SGA (C)
IA05B	20-MAR-13 13:37	N42.80545 W84.92886	aerial 2013	up	

* IOSCO

IO01G	03-FEB-04 13:56	N44.46175 W83.74322	ground 2001	up	Loud Dam Pond East (I)
IO01H	03-FEB-04 13:56	N44.46080 W83.74289	ground 2012	up	
IO02J	03-FEB-04 13:56	N44.45953 W83.54120	ground<1998	up	Cooke Dam (K)
IO03E	03-FEB-04 13:56	N44.32882 W83.46812	ground 2008	up	Tawas Lake North (H)
IO03F	03-FEB-04 13:56	N44.33535 W83.47238	aerial 2002	up	
IO03G	25-MAR-05 14:55	N44.32571 W83.47464	aerial 2005	down	

IO04B	03-FEB-04 13:56	N44.42995 W83.38370	ground 2000	up	Allen Lake (E)
IO04C	25-MAR-05 14:36	N44.43792 W83.40437	ground 2006	up	
IO04D	22-MAR-10 14:33	N44.43787 W83.40341	aerial 2010	up	
IO05A	03-FEB-04 13:56	N44.43942 W83.64973	estimate ?	unknown	
	Monument-Five Channels (F)				
IO05B	03-FEB-04 13:56	N44.44632 W83.66587	ground 2000	unknown	
IO05C	03-FEB-04 13:56	N44.44067 W83.66508	aerial<2000	down	
IO05E	03-FEB-04 13:56	N44.44775 W83.66433	ground 2001	down	
IO06A	03-FEB-04 13:56	N44.29870 W83.51049	ground 2011	down	Tawas Lake SW (D)
IO06B	03-FEB-04 13:56	N44.30362 W83.51392	ground 2007	up	
IO06C	03-FEB-04 13:56	N44.30975 W83.50450	aerial<2000	down	
IO07A	03-FEB-04 13:56	N44.33463 W83.86987	aerial<2000	unknown	Londo Lakes (E)
IO07B	01-APR-04 10:24	N44.34202 W83.86115	aerial 2004	down	
IO07C	20-MAR-09 10:54	N44.33895 W83.86040	aerial 2009	unknown	
IO07D	28-MAR-12 11:31	N44.33479 W83.86079	aerial 2012	up	
IO08A	03-FEB-04 13:56	N44.46013 W83.76208	ground 2008	up	Loud Dam Pond West (C)
IO08B	29-MAR-04 14:25	N44.46212 W83.76060	ground 2005	up	
IO09A	03-FEB-04 13:56	N44.34805 W83.65928	aerial 2000	unknown	Floyd Lake (D)
IO09B	03-FEB-04 13:56	N44.34747 W83.65812	aerial 2001	up	
IO09C	29-MAR-04 15:37	N44.34986 W83.65947	ground 2013	up	
IO10A	03-FEB-04 13:56	N44.38792 W83.37307	aerial 2001	down	Grass Lake-Oscoda-Dead AuSable (H)
IO10B	03-FEB-04 13:56	N44.38807 W83.35563	aerial 2002	down	
IO10C	03-FEB-04 13:56	N44.37713 W83.36040	aerial 2003	down	
IO10D	29-MAR-04 15:04	N44.38926 W83.35735	aerial 2004	up	
IO10E	20-MAR-06 14:28	N44.38561 W83.35019	aerial 2006	down	
IO10F	13-MAY-08 15:22	N44.38182 W83.33918	aerial 2008	down	
IO10G	29-MAR-13 14:05	N44.39818 W83.33861	ground 2013	up	
IO11A	03-FEB-04 13:56	N44.27903 W83.43968	aerial 2002	down	Lake Solitude (D)
IO11B	03-FEB-04 13:56	N44.28327 W83.43595	ground 2003	up	
IO11C	29-MAR-13 14:21	N44.28330 W83.43452	aerial 2013	up	
IO12A	03-FEB-04 13:56	N44.20078 W83.60702	aerial 2002	up	Alabaster (E)
IO12B	17-MAY-04 14:21	N44.19874 W83.60870	aerial 2004	up	
IO12C	15-MAR-05 09:34	N44.22062 W83.64264	aerial 2006	down	
IO12D	10-MAY-06 13:46	N44.19984 W83.60725	aerial 2006	down	
IO13A	03-FEB-04 13:56	N44.43698 W83.82423	aerial 2003	down	Wichert Hills (D)
IO13B	28-MAR-07 15:01	N44.41543 W83.82761	ground 2008	up	
IO13C	20-MAR-09 10:48	N44.43652 W83.82387	ground 2009	up	
IO14A	17-MAY-06 14:02	N44.44690 W83.65057	ground 2006	up	Monument East (C)
IO14B	28-MAR-07 14:02	N44.45280 W83.62997	ground 2008	up	
IO15A	21-MAR-08 10:14	N44.18876 W83.57158	aerial 2008	up	US Gypsum (B)
IO16A	20-MAR-09 10:57	N44.30356 W83.83160	ground 2011	down	Hope Creek (C)
IO16B	30-MAY-12 10:36	N44.29773 W83.82539	ground 2013	up	
IO16C	26-MAR-07 14:03 (old remnant nest)	N44.30345 W83.83281	aerial 2007	unknown	
IO17A	19-MAR-10 13:46	N44.25492 W83.55023	aerial 2010	up	Dead Creek (B)
IO18A	22-MAR-10 14:51	N44.34767 W83.35880	ground 2011	up	Spencer Lake (B)
IO19A	17-MAR-11 10:21	N44.40289 W83.87291	ground 2011	up	Dease Lake (B)
IO20A	13-APR-11 10:35	N44.41994 W83.34145	aerial 2011	up	City of Oscoda (B)
IO21A	16-MAY-11 10:45	N44.37661 W83.47113	ground 2013	up	Tuttle Marsh (B)
IO22A	16-MAY-11 10:53	N44.50220 W83.39341	aerial 2011	up	VanEtten Lake (C)

IO22B	28-MAR-12 15:00	N44.49797 W83.38838	ground 2012	up	
IO22?	03-FEB-04 13:56	N44.50858 W83.37525	aerial<2004	unknown	(early nest?)
* ISABELLA					
IS01A	22-MAR-11 09:57	N43.67875 W85.03117	ground 2012	up	Lake Isabella (C)
IS01B	22-MAR-11 09:58	N43.67967 W85.03360	aerial 2011	up	
IS02A	22-MAR-11 09:40	N43.70904 W84.79226	aerial 2011	up	Rosebush (C)
IS02B	22-MAR-11 09:46	N43.75744 W84.79671	aerial 2011	down	
IS03A	13-MAY-13 10:06	N43.61860 W84.84544	aerial 2013	up	Mt Pleasant (B)
* JACKSON					
JA01A	16-MAR-10 13:19	N42.34828 W84.27544	ground 2011	up	Big Portage Lake (C)
JA01B	12-APR-10 12:14	N42.34767 W84.28290	aerial 2010	up	
JA02A	17-APR-12 13:24	N42.12294 W84.13421	aerial 2012	up	Watkins Lake (B)
* KALKASKA					
KA01B	03-APR-13 10:10	N44.75755 W85.01534	ground 2013	up	Manistee Lake (C)
KA02D	03-FEB-04 13:56	N44.79180 W85.31353	ground 2008	up	Lake Skegemog S (G)
KA02E	not in GPS file	N44.79292 W85.31605	estimate ?	up	(west of nest D)
KA03C	24-MAR-04 09:40	N44.68900 W85.00108	aerial 2004	up	Flowing Well {Pond (F)
KA03D	03-FEB-04 13:56	N44.68550 W85.00025	aerial<2000	down	
KA03E	24-APR-13 15:43	N44.69193 W85.00875	ground 2013	up	
KA04A	03-FEB-04 13:56	N44.79323 W84.88630	ground<2000	down	Big Blue/Bass Lake (I)
KA04B	03-FEB-04 13:56	N44.79763 W84.90933	aerial<2000	down	
KA04C	03-FEB-04 13:56	N44.79297 W84.89135	ground 2000	down	
KA04D	03-FEB-04 13:56	N44.79548 W84.91453	estimate ?	down	
KA04E	24-MAR-04 10:02	N44.80205 W84.91956	ground 2011	up	
KA04F	27-MAR-09 13:27	N44.80090 W84.91214	ground 2011	up	
KA04G	27-MAR-09 11:22	N44.79613 W84.90576	aerial 2009	up	
KA04H	03-APR-13 10:00	N44.79578 W84.91698	aerial 2013	up	
KA05A	03-FEB-04 13:56	N44.81145 W85.30410	aerial 2001	down	Lake Skegemog E (D)
KA05B	03-FEB-04 13:56	N44.81237 W85.30365	aerial<2004	up	
KA05C	19-APR-10 10:25	N44.80933 W85.29727	aerial 2010	up	
KA06A	25-MAR-10 17:34	N44.56511 W85.22461	ground 2013	up	Ingersoll Lake (B)
KA07A	26-MAY-10 10:20	N44.57674 W84.99702	ground 2011	up	Devil Creek (B)
KA08A	03-APR-13 10:13	N44.72356 W85.08602	aerial 2013	up	Crawford Lake (B)
* KENT					
KT01A	15-MAR-10 10:30	N43.14663 W85.39649	ground 2013	up	Wabasis Lake (B)
KT02A	14-MAR-12 10:31	N42.96977 W85.50981	aerial 2011	up	Ada (B)
* KALAMAZOO					
KZ01A	23-MAR-05 10:47	N42.38938 W85.57183	ground 2005	up	Cooper Center (B)
KZ02A	14-MAR-11 14:19	N42.29803 W85.30256	ground 2011	up	Fort Custer (B)
KZ03A	22-MAR-13 12:42	N42.40112 W85.43865	aerial 2013	down	Gull Lake (B)
KZ04A	not in GPS file	N42.28023 W85.42060	ground 2013	up	Galesburg (B)
KZxx	not in GPS file	N42.39874 W85.38677	estimate 2013	up	Wintergreen Lake
* LAKE					
LA01B	21-MAR-06 10:48	N43.86057 W85.90044	aerial 2006	up	Danaher Lake SE

(E)

LA01C	30-MAR-04 11:29	N43.86419 W85.90576	ground 2008	up	
LA01D	21-MAR-06 10:48	N43.86417 W85.90558	estimate 2005	up	
LA02A	03-FEB-04 13:56	N44.07575 W85.82938	ground 2000	down	Syers Lake (E)
LA02B	26-MAR-10 14:07	N44.06852 W85.82100	aerial 1999	unknown	
LA02C	21-MAR-06 10:27	N44.07833 W85.81470	aerial 2006	up	
LA02D	16-APR-10 11:21	N44.07386 W85.82684	aerial 2010	up	
LA03B	03-FEB-04 13:56	N43.90222 W85.91127	aerial<2000	down	Wingleton Lake South-Baldwin (K)
LA03D	03-FEB-04 13:56	N43.89397 W85.91845	ground 2001	down	
LA03I	11-APR-06 10:09	N43.90458 W85.91831	aerial 2006	up	
LA03J	19-MAY-06 14:12	N43.90411 W85.92228	aerial 2006	up	
LA04B	03-FEB-04 13:56	N44.08892 W85.66463	ground 2013	up	Neboshone (C)
LA05A	03-FEB-04 13:56	N43.92461 W85.82373	ground 2009	up	Bray Lake (B)
LA06A	03-FEB-04 13:56	N44.04610 W85.96288	ground 2013	up	Big Bass Lake (B)
LA07A	22-MAR-05 13:57	N44.02308 W86.03079	aerial 2005	up	Noud Lake (C)
LA07B	11-APR-06 10:23	N44.04090 W86.02204	aerial 2007	down	
LA08A	24-MAR-08 15:10	N44.02667 W85.72914	aerial 2008	up	Luther (B)
LA09A	01-JUN-10 14:34	N44.12442 W85.57125	aerial 2010	up	Olga Lake (B)
LA10A	25-MAR-11 10:40	N43.95486 W85.99178	ground 2013	up	Wingleton Lake North (B)

* LEELANAU

LL03B	03-FEB-04 13:56	N45.44073 W85.87958	ground 2001	up	South Fox Island NW (C)
LL04A	03-FEB-04 13:56	N45.11930 W86.01940	ground<1997	down	North Fox Island N (D)
LL04B	03-FEB-04 13:56	N45.15635 W86.04828	aerial<2000	up	
LL04C	24-APR-13 13:54	N45.14558 W85.98917	aerial 2013	up	
LL05A	03-FEB-04 13:56	N44.94143 W85.89593	aerial 1997	down	Pyramid Point (D)
LL05B	03-FEB-04 13:56	N44.93937 W85.88638	ground 2002	up	
LL05C	02-APR-09 11:40	N44.94170 W85.88804	aerial 2011	up	
LL06A	03-FEB-04 13:56	N45.00925 W86.11928	ground 1999	down	South Manitou Island (D)
LL06B	03-FEB-04 13:56	N45.02260 W86.13917	aerial 2000	down	
LL06C	24-APR-13 13:36	N45.04001 W86.09159	aerial 2013	up	
LL07A	03-FEB-04 13:56	N45.17573 W85.56043	aerial 1999	down	Cat Head Bay (F)
LL07B	03-FEB-04 13:56	N45.15885 W85.57852	aerial 1999	down	
LL07E	12-APR-04 09:42	N45.16763 W85.56372	ground 2013	up	
LL07D	29-MAR-05 10:20	N45.16518 W85.56887	ground 2009	down	
LL08A	03-FEB-04 13:56	N45.46477 W85.76947	aerial 2003	down	North Fox Island (C)
LL08B	09-APR-07 10:41	N45.46697 W85.77195	aerial 2007	up	
LL09A	03-FEB-04 13:56	N44.82887 W85.75098	aerial 2003	up	Lake Leelanau (B)
LL10A	29-MAR-05 10:30	N45.02045 W85.62230	ground 2008	up	Peshawbestown (C)
LL10B	16-APR-13 11:10	N45.01289 W85.62577	aerial 2013	up	
LL11A	30-MAR-07 14:22	N44.93651 W85.61530	aerial 2007	up	Suttons Bay (G)
LL11C	16-APR-07 10:50	N44.93666 W85.62338	aerial 2007	up	
LL11D	04-APR-08 12:19	N44.93182 W85.62033	ground 2009	unknown	
LL11E	29-MAY-12 11:18	N44.92576 W85.62091	aerial 2012	up	
LL11F	04-APR-13 15:04	N44.93532 W85.61750	aerial 2013	up	
LL12A	03-APR-08 10:44	N44.83866 W85.96059	ground 2009	down	Glen Arbor (C)
LL12B	04-APR-13 14:11	N44.83928 W85.95982	ground 2013	up	
LL13A	05-APR-10 14:59	N45.39074 W85.84119	aerial 2010	down	South Fox Island SW (C)

LL13B	03-APR-12 11:40	N45.38329 W85.83469	aerial 2012	up	
LL14A	07-MAY-12 16:00	N45.06454 W85.99262	aerial 2012	up	North Manitou Isd S (B)
LL15A	02-APR-12 14:42	N45.09082 W86.04084	aerial 2012	up	North Manitou Island SW (B)
LL16A	02-APR-12 15:13	N45.05072 W85.74520	aerial 2012	up	Leland (C)
LL16B	02-APR-12 15:16	N45.04889 W85.74614	ground 2013	up	
LL17A	24-APR-13 14:36	N44.90607 W85.95467	aerial 2013	up	Crystal River (B)
LL18A	12-JUL-13 11:15	N44.85127 W85.65417	aerial 2013	up	Greilickville (B)
* LAPEER					
LP01A	03-FEB-04 13:56	N43.09083 W83.45317	estimated	down	Columbiaville (B)
LP02A	04-MAY-10 13:55	N43.00177 W83.36112	aerial 2010	up	Lapeer (B)
* LIVINGSTON					
LV01A	16-MAR-10 13:41	N42.52699 W83.67273	aerial 2010	up	Wildwing Lake (B)
LV02A	23-MAR-12 10:23	N42.43250 W83.87360	ground 2012	up	Whitewood Lake (B)
* LENAWEE					
LW01A	16-MAR-10 12:55	N42.02398 W83.95171	aerial 2009	up	Tecumseh (B)
LW02A	16-MAR-11 11:26	N41.85404 W83.93703	aerial 2011	down	Palmyra (D)
LW02B	16-MAR-11 11:21	N41.85097 W83.93526	aerial 2011	down	
LW02C	12-APR-11 11:21	N41.83497 W83.93290	aerial 2011	down	
* MACKINAC					
MC10D	03-FEB-04 13:56	N45.78647 W84.42267	aerial 2000	up	Deer Lake-Bois Blanc Island (F)
MC10E	05-APR-06 11:43	N45.78578 W84.42290	aerial 2006	up	
MC11D	03-FEB-04 13:56	N45.73872 W84.46800	aerial<2000	down	Twin Lake-Bois Balnc Island (H)
MC11E	03-FEB-04 13:56	N45.73877 W84.46973	aerial 2000	down	
MC11G	03-FEB-04 13:56	N45.73655 W84.45693	estimate 2008	up	
MC32A	03-APR-12 14:43	N45.79766 W84.47239	aerial 2012	down	Bois Blanc Island N (B)
MC34A	16-APR-13 14:32	N45.82818 W84.60589	aerial 2013	up	Round Island (B)
MC35A	26-APR-13 13:28	N45.74161 W84.40374	aerial 2013	up	Lake Thompson (B)
* MIDLAND					
MD01A	03-FEB-04 13:56	N43.65715 W84.36810	ground 2004	down	Sanford Lake (E)
MD01B	16-MAR-05 11:13	N43.65172 W84.36233	ground 2006	down	
MD01C	21-MAR-08 15:05	N43.65685 W84.36545	ground 2009	up	
MD01D	27-MAR-12 10:35	N43.66058 W84.35715	ground 2012	up	
MD02A	03-FEB-04 13:56	N43.55595 W84.21278	aerial 2002	down	Midland-Gordonville Road (E)
MD02B	22-MAR-06 14:47	N43.55239 W84.21421	aerial 2006	down	
MD02C	19-MAR-09 15:10	N43.55660 W84.21402	ground 2009	down	
MD02D	23-MAR-12 10:14	N43.55149 W84.21635	ground 2012	up	
MD03A	02-JUN-08 10:25	N43.60247 W84.58606	aerial 2008	up	Oil City (B)
MD04A	04-MAY-11 10:41	N43.57630 W84.36206	aerial 2011	up	Gordonville (B)
MD05B	19-MAR-12 09:14	N43.78989 W84.55826	ground 2013	up	Coleman (B)
MD06A	23-MAR-12 10:00	N43.60667 W84.26625	aerial 2012	up	Chippewa Nature Center (B)
MD07A	20-MAR-13 14:56	N43.78041 W84.45903	ground 2013	up	Salt River-Curtis (B)

* MISSAUKEE

MK01I?	03-FEB-04 13:56		N44.33228 W85.26822	aerial ? down?		Missaukee Lake (K)
MK01J?	03-FEB-04 13:56		N44.33330 W85.26435	aerial ? up?		
MK02A	03-FEB-04 13:56		N44.16815 W84.97602	ground<1998	down	Moddersville-New Cranberry Lake (D)
MK02B	03-FEB-04 13:56		N44.17047 W84.96835	aerial<2000	down	
MK02C	03-FEB-04 13:56		N44.16724 W84.96853	ground 2008	up	
MK03A	03-FEB-04 13:56		N44.31037 W85.10718	ground 2004	up	Seafuse Marsh (C)
MK03B	28-MAR-08 10:35		N44.31651 W85.09570	ground 2013	up	
MK04A	12-APR-05 09:59		N44.37109 W84.85785	aerial 2005	down	Reedsburg (C)
MK04B	19-MAR-08 13:04		N44.34489 W84.87051	ground 2009	up	
MK05A	25-MAR-10 14:50		N44.30027 W85.20431	ground 2010	down	Lake City (D)
MK05B	12-MAY-10 14:04		N44.29830 W85.20421	aerial 2010	down	
MK05C	18-MAR-13 14:30		N44.30936 W85.21184	ground 2013	up	
MK06A	25-MAR-10 17:24		N44.50017 W85.27792	aerial 2010	up	Ham Creek (C)
MK06B	05-MAY-10 10:16		N44.49518 W85.26706	aerial 2010	up	
MK07A	04-MAY-11 17:01		N44.31503 W84.96165	ground 2013	up	Merritt (B)
MK08A	06-MAY-11 09:59		N44.33677 W85.28747	aerial 2011	up	Crooked Lake (D)
MK08B	not in GPS file		N44.33677 W85.28747	aerial 2012	up	(near nest A)
MK08C	04-MAY-12 14:01		N44.34409 W85.30206	ground 2013	up	
MK09A	03-APR-13 09:20		N44.50751 W84.92343	aerial 2013	up	Grass Lake-Stratford (B)
MK10A	24-APR-13 10:16		N44.36551 W84.99987	ground 2013	up	Star City (B)

* MONTCALM

ML01A	03-FEB-04 13:56	User Waypoint	N43.28987 W85.15808	aerial 2003	down	Stanton (C)
ML01B	18-MAR-13 09:59	User Waypoint	N43.28696 W85.15353	ground 2013	up	
ML02A	18-MAR-09 14:11	User Waypoint	N43.34652 W85.54075	ground 2013	up	Whitefish Lake (C)
ML02B	30-MAY-12 14:44	User Waypoint	N43.32012 W85.54536	aerial 2012	up	

* MANISTEE

MN02B	03-FEB-04 13:56		N44.26063 W86.07358	ground 2001	up	Carlsons-Horseshoe Bend (F)
MN02C	30-MAR-04 15:16		N44.25850 W86.07687	aerial 2004	down	
MN02D	25-MAR-11 13:52		N44.26058 W86.06413	ground 2011	down	
MN02E	15-APR-13 13:44		N44.26021 W86.06355	aerial 2011	up	
MN03J	03-FEB-04 13:56		N44.25655 W85.88528	aerial<2004	unknown	Red Bridge South (N)
MN03K	03-FEB-04 13:56		N44.25733 W85.88610	aerial<2004	unknown	
MN03M	03-FEB-04 13:56		N44.25472 W85.88893	ground 2008	up	
MN04B	03-FEB-04 13:56		N44.27837 W85.96200	ground 2000	down	Tippy Dam (E)
MN04C	03-FEB-04 13:56		N44.27391 W85.98012	ground 2009	up	
MN04D	25-MAR-11 14:07		N44.28031 W85.96855	ground 2013	up	
MN05E	03-FEB-04 13:56		N44.26785 W86.26791	ground 2009	up	Manistee River SGA (G)
MN06B	03-FEB-04 13:56		N44.22850 W85.90705	aerial<2000	up	Wellston (F)
MN06D	03-FEB-04 13:56		N44.24855 W85.91305	aerial<2000	up	
MN06E	03-FEB-04 13:56		N44.23013 W85.91510	ground 2013	up	
MN07C	03-FEB-04 13:56		N44.27403 W85.87243	ground 2005	down	Lower Red Bridge North (F)
MN07E	17-MAY-05 14:03		N44.27139 W85.87566	ground 2009	up	
MN08A	03-FEB-04 13:56		N44.18958 W86.00263	ground 2001	down	Pine/Timmerman Lake (H)

MN08C 03-FEB-04 13:56 N44.18257 W86.03977 aerial 1997 down
MN08F 03-FEB-04 13:56 N44.18867 W86.00704 ground 2012 poor
MN08G 11-APR-06 11:08 N44.18795 W86.00362 ground 2006 up
MN09A 03-FEB-04 13:56 N44.44000 W86.10422 aerial 1998 down Bear Lake (D)
MN09B 03-FEB-04 13:56 N44.44268 W86.11763 aerial 2001 down
MN09C 03-FEB-04 13:56 N44.44668 W86.13168 aerial 2001 down
MN09D 27-MAR-08 10:48 N44.44142 W86.11529 aerial 2008 up
MN10A 03-FEB-04 13:56 N44.19947 W86.19550 ground 2011 up Little Manistee River (C)
MN10B 03-FEB-04 13:56 N44.18673 W86.23037 aerial 2002 poor
MN11C 03-FEB-04 13:56 N44.26183 W86.22513 aerial 2003 up Manistee Airport (D)
MN12A 09-APR-04 10:06 N44.27392 W85.87254 aerial 2004 down Upper Red Bridge North (B)
MN13A 28-MAR-06 14:32 N44.17687 W86.14427 ground 2007 up Nothing Close-Upper L Manistee R (D)
MN13B 02-JUN-08 13:37 N44.16361 W86.15213 ground 2009 up
MN13C 06-MAY-11 11:27 N44.16588 W86.15046 aerial 2011 up
MN14A 17-MAY-06 10:46 N44.20012 W86.35782 ground 2007 poor Magoon Creek (C)
MN14B 02-APR-09 13:32 N44.15120 W86.38889 ground 2009 up
MN15A 29-MAR-07 10:41 N44.20154 W85.96476 aerial 2007 up Pine Creek (B)
MN16A 15-MAY-08 10:28 N44.29654 W86.08635 ground 2008 up Bear Creek (C)
MN16B 15-MAY-08 10:26 N44.29313 W86.09643 aerial 2008 up
MN17A 02-APR-09 13:07 N44.30706 W86.27710 aerial 2009 down Onekama (C)
MN17B 16-APR-10 13:17 N44.30574 W86.28048 ground 2013 up
MN17? 26-MAR-10 11:16 N44.30726 W86.27824 aerial 2010 ?
MN18A 20-MAY-13 11:33 N44.31450 W85.85500 aerial 2013 up Red Bridge Far North (B)
MN88 03-FEB-04 13:56 N44.24285 W86.19243 aerial<2004 ? unknown
MN99 03-FEB-04 13:56 N44.26970 W85.88038 aerial<2004 ? unknown

* MONROE
MO01C 26-MAR-13 11:21 N41.85444 W83.41591 aerial 2013 up Otter Creek-LaSalle (D)
MO02D 03-FEB-04 13:56 N41.98786 W83.24825 ground 2001 down Pte Mouille SGA-Laguna Beach South (P)
MO02H 03-FEB-04 13:56 N41.99290 W83.24005 ground 2001 down
MO02I 03-FEB-04 13:56 N41.98345 W83.24277 ground 2001 down
MO02M 15-MAR-11 11:12 N41.97170 W83.26222 ground 2013 up
MO02N 03-FEB-04 13:56 N41.95615 W83.25819 ground 2013 up
MO02O 20-MAR-08 11:05 N41.95574 W83.25813 ground 2013 up
MO03E 20-MAR-08 11:00 N41.90271 W83.36389 aerial 2008 down Raisin River-Monroe (I)
MO03G 12-APR-11 10:53 N41.89589 W83.34294 ground 2011 down
MO03H 20-MAR-08 11:00 N41.90249 W83.36335 ground 2012 up
MO04C 03-FEB-04 13:56 N41.76538 W83.45072 ground 2002 down Erie Shooting Club South (I)
MO04D 03-FEB-04 13:56 N41.75877 W83.44997 ground 2000 down
MO04H 20-MAR-12 10:48 N41.75811 W83.43861 ground 2012 up
MO05C 03-FEB-04 13:56 N41.82365 W83.41955 ground 1999 up Toledo Beach-Luna Pier (E)
MO06B 12-APR-11 11:04 N41.78742 W83.45581 aerial 2011 up Erie (C)
MO07A 28-MAR-05 09:51 N41.82983 W83.67433 aerial 2005 down Ottawa Lakes-Petersburg (C)
MO07B 15-MAR-11 11:51 N41.82809 W83.67041 aerial 2011 up
MO08B 28-MAR-05 09:43 N41.93213 W83.50365 ground 2011 up Strasburg

(C)

MO09A	16-MAR-10 09:09	N41.88154 W83.36119	ground 2011	up	Plum Creek (C)
MO09B	04-MAY-10 11:03	N41.87712 W83.36668	aerial 2010	down	
MO10A	15-MAR-11 11:06	N42.01490 W83.18857	aerial 2011	up	Vermet (B)
MO11A	17-APR-12 13:54	N41.90321 W83.71204	aerial 2012	up	Petersburg (B)
MO12A	26-MAR-13 09:16	N41.76844 W83.45362	ground 2012	up	Erie Shooting Club North (B)
MO13A	26-MAR-13 09:19	N41.73519 W83.47294	ground 2012	up	Ottawa River (B)
MO14A	26-MAR-13 11:43	N42.00556 W83.64295	aerial 2013	up	Dundee North (B)
MO15A	26-MAR-13 10:59	N41.97228 W83.25869	ground 2013	up	Pte Mouille SGA-Laguna Beach North (B)

* MASON

MS01C	28-MAR-06 14:15	N44.02831 W86.47443	aerial 2006	up	Ludington SP (F)
MS01D	10-APR-08 13:26	N44.02790 W86.47513	ground 2009	up	
MS01E	22-MAR-12 13:39	N44.02758 W86.47191	aerial 2012	up	
MS01?	29-MAR-07 11:59	N44.03240 W86.47609	aerial 2007		
MS03C	03-FEB-04 13:56	N44.08147 W86.36870	ground 2001	up	Hamlin Lake (D)
MS04A	03-FEB-04 13:56	N43.91425 W86.30775	ground 2001	up	Pere Marquette East (F)
MS04C	03-FEB-04 13:56	N43.93415 W86.30018	aerial 2003	up	
MS04D	30-MAR-04 12:14	N43.92860 W86.30811	aerial 2004	down	
MS05A	03-FEB-04 13:56	N43.93375 W86.10857	ground 2005	up	Walhalla East (E)
MS05B	21-MAR-06 14:59	N43.93350 W86.10322	ground 2006	up	
MS05C	29-MAR-07 13:27	N43.93450 W86.08623	ground 2007	up	
MS05D	25-MAR-11 11:18	N43.93313 W86.08736	ground 2013	up	
MS06A	03-FEB-04 13:56	N43.93784 W86.16672	ground 2013	up	Walhalla West (B)
MS07A	22-MAR-05 13:37	N43.92472 W86.42925	ground 2006	up	Pere Marquette Lake (C)
MS08A	22-APR-05 14:30	N44.07720 W86.05830	ground 2007	up	Freesoil-Bear Swamp (C)
MS08B	05-MAY-10 12:00	N44.07621 W86.05750	aerial 2010	up	
MS09A	08-MAY-08 13:21	N43.94354 W86.25280	aerial 2008	up	Custer (B)
MS10A	17-JUN-05 10:33	N43.91808 W86.33703	aerial 2005	up	Pere Marquette West (B)
MS11A	03-APR-13 14:20	N44.08962 W86.24656	aerial 2013	up	Mid Nowhere-Fountain (B)

* MECOSTA

MT01B	03-FEB-04 13:56	N43.71242 W85.22583	aerial<2004	down	Martiny Lakes (E)
MT01C	03-FEB-04 13:56	N43.71025 W85.22305	ground 1999	up	
MT01D	23-MAR-06 14:22	N43.71112 W85.22348	aerial 2006	up	
MT02A	03-FEB-04 13:56	N43.64170 W85.30917	aerial<2000	down	Lake Mecosta (D)
MT02B	03-FEB-04 13:56	N43.61242 W85.30668	aerial 2003	up	
MT02C	23-MAR-06 14:12	N43.63986 W85.31083	aerial 2006	up	
MT03A	03-FEB-04 13:56	N43.75072 W85.51815	aerial 1999	down	Paris (D)
MT03B	03-FEB-04 13:56	N43.76367 W85.48998	ground 2004	down	
MT03C	06-APR-11 10:33	N43.76777 W85.49083	ground 2013	up	
MT04A	03-FEB-04 13:56	N43.74468 W85.31237	aerial 2001	up	Chippewa Lake (D)
MT0BA	03-FEB-04 13:56	N43.76614 W85.31818	ground 2013	up	
MT04C	23-MAR-06 14:43	N43.76655 W85.31558	ground 2010	up	
MT05A	03-FEB-04 13:56	N43.47548 W85.26165	ground 2001	down	Altoona-90th Avenue (E)
MT05B	23-MAR-07 14:35	N43.43369 W85.24359	aerial 2007	up	
MT05C	14-MAR-11 09:54	N43.43430 W85.24341	aerial 2011	up	
MT05D	11-APR-12 11:36	N43.44358 W85.23008	aerial 2012	up	

MT06A	03-FEB-04 13:56	N43.69277 W85.26072	ground 2010	up	Jehnson Lake (C)
MT06B	21-MAR-13 14:39	N43.69138 W85.25963	aerial 2013	up	
MT07A	22-APR-05 10:16	N43.61311 W85.50034	ground 2013	up	Stanwood (B)
MT99	09-APR-10 14:26	N43.70458 W85.37882	aerial 2010	up	(east of Big Rapids-RTHA nest)

* MUSKEGON

MU01N	03-FEB-04 13:56	N43.45130 W86.20038	ground 2000	up	Cleveland/Blue Lakes (P)
MU01O	not in GPS file	N43.45066 W86.20107	ground 2008	up	(close to nest N)
MU02C	03-FEB-04 13:56	N43.26808 W86.19462	ground 2000	down	Muskegon River SGA (G)
MU02D	03-FEB-04 13:56	N43.26963 W86.18277	ground 2003	up	
MU02E	23-MAR-04 10:46	N43.27041 W86.18148	aerial 2004	up	
MU02F	23-MAR-04 10:50	N43.27604 W86.14243	aerial 2004	down	
MU03B	13-APR-06 11:32	N43.18161 W86.23612	aerial 2006	up	Mona Lake (D)
MU03C	03-FEB-04 13:56	N43.18230 W86.23225	aerial 2013	up	
MU04A	29-MAR-07 14:14	N43.39216 W86.42553	ground 2012	up	Sadony Bayou (C)
MU04B	10-APR-08 12:59	N43.38547 W86.42445	ground 2006	up	
MU05A	18-MAR-09 11:30	N43.24529 W86.33878	ground 2013	up	Muskegon SP (B)
MU06A	23-MAR-10 11:04	N43.42203 W86.31194	ground 2010	up	White River (C)
MU06B	22-MAR-11 11:42	N43.42426 W86.30494	ground 2012	up	
MU07A	15-APR-13 15:31	N43.27049 W86.09773	aerial 2013	up	Upper Muskegon River SGA (B)

* MONTMORENCY

MY01I	03-FEB-04 13:56	N45.09345 W84.17148	ground 2001	up	Valentine Lake (K)
MY02I	03-FEB-04 13:56	N44.89282 W83.90685	ground<1998	down	Turtle Lake East (P)
MY02J	03-FEB-04 13:56	N44.90318 W83.91392	aerial 2000	up	
MY02M	25-MAY-06 13:58	N44.90057 W83.90971	aerial 2006	down	
MY02N	30-MAR-10 11:11	N44.89958 W83.91202	aerial 2010	up	
MY02O	23-APR-13 11:00	N44.89799 W83.91634	aerial 2013	up	
MY03B	03-FEB-04 13:56	N45.18672 W84.05883	aerial 2000	down	Rainy River Flooding (D)
MY03C	30-MAR-11 14:47	N45.18881 W84.06260	aerial 2011	up	
MY04E	03-FEB-04 13:56	N45.12997 W84.02132	ground 2000	up	Grass Lake (G)
MY04F	not in GPS file	N45.12997 W84.02132	ground 2011	up	(close to nest E)
MY05A	03-FEB-04 13:56	N45.17847 W84.29875	aerial<2000	down	Black River Ranch (F)
MY05C	03-FEB-04 13:56	N45.18043 W84.30295	ground<1998	down	
MY05D	03-FEB-04 13:56	N45.20307 W84.30723	aerial 2001	up	
MY05E	09-APR-04 15:24	N45.19933 W84.30477	aerial 2004	down	
MY06A	03-FEB-04 13:56	N44.90588 W84.34730	aerial<2000	down	Woodmere/West Twin Lake (D)
MY06B	03-FEB-04 13:56	N44.90672 W84.34572	ground 2000	down	
MY06C	03-FEB-04 13:56	N44.90588 W84.34730	estimate 2011	(near nest A)	
MY07A	03-FEB-04 13:56	N44.94768 W84.17080	aerial<2000	down	Avery Lake (G)
MY07B	03-FEB-04 13:56	N44.94267 W84.15740	ground 2000	down	
MY07E	30-MAR-10 10:30	N44.94774 W84.13772	aerial 2010	up	
MY07F	02-APR-13 13:04	N44.93905 W84.13250	aerial 2013	up	
MY07?	03-FEB-04 13:56	N44.94685 W84.13535	aerial<2004	?	
MY09A	03-FEB-04 13:56	N44.91822 W84.00545	aerial<2000	up	Lockwood Lake (C)
MY09B	05-APR-04 14:29	N44.92614 W84.00880	aerial 2004	up	
MY10B	03-FEB-04 13:56	N45.19425 W84.16144	ground 2012	up	Tomahawk Creek Flooding (D)

MY10C	not in GPS file	N45.20496 W84.17381	estimate ?	unknown	
MY11A	03-FEB-04 13:56	N44.86525 W83.96412	aerial<2000	down	Bonehead Club (C)
MY11B	03-FEB-04 13:56	N44.83678 W83.93290	ground 2005	up	
MY12A	03-FEB-04 13:56	N45.13423 W84.36287	aerial<2000	down	Foch Lakes Flooding (C)
MY12B	05-APR-06 13:47	N45.12368 W84.36703	ground 2007	up	
MY13A	05-APR-04 15:00	N45.02497 W84.11150	aerial 2004	down	Atlanta (D)
MY13B	31-MAR-05 10:33	N45.01610 W84.12146	aerial 2005	up	
MY13C	30-MAR-11 09:38	N45.01776 W84.12720	ground 2012	up	
MY14A	24-MAY-05 14:10	N44.86352 W84.29721	aerial 2005	up	Lewiston (B)
MY15B	03-FEB-04 13:56	N44.94732 W83.90523	aerial 2006	down	Fletcher SW (D)
MY15C	not in GPS file	N44.94818 W83.90414	ground 2013	up	(NE of nest B)
MY16A	06-JUN-08 11:18	N44.91351 W83.94081	ground 2013	up	Turtle Lake West (D)
MY16B	26-MAY-10 16:38	N44.91576 W83.93929	ground 2011	up	
MY16C	07-APR-11 15:00	N44.90370 W83.94525	aerial 2011	up	
MY17A	25-MAR-09 11:25	N45.04611 W83.93362	ground 2013	up	Hillman (C)
MY17B	not in GPS file	N45.04629 W83.93293	ground 2009	up	(ENE of nest A)
MY18A	30-MAR-10 10:06	N44.97699 W84.30142	ground 2012	up	Gaylanta Lake (B)
MY19A	05-APR-13 15:21	N45.12417 W83.94238	ground 2013	up	Anchor Lake (B)

* MONTMORENCY-UNKNOWN

EMY640M	18-JUN-10 08:52	N45.00395 W84.23858	aerial 2010	?	near Lake Inez
EMY720	10-APR-09 08:20	N45.14284 W83.99104	aerial 2009	?	NE of Grass Lake
EMY740	13-APR-10 09:01	N45.19196 W83.91782	aerial 2010	?	NE corner of MY County
EMYELK1	03-FEB-04 13:56	N45.10063 W84.14112	aerial<2004	?	east of Valentine Lake

* NEWAYGO

NE01I	03-FEB-04 13:56	N43.42080 W85.73295	ground 2004	down	Anderson Bayou (M)
NE01K	13-APR-06 13:23	N43.42530 W85.72466	aerial 2006	up	
NE01L	23-MAR-07 13:46	N43.41972 W85.72302	ground 2013	up	
NE03N	03-FEB-04 13:56	N43.43537 W85.63357	ground 2007	up	Croton Prairie (P)
NE03O	15-MAY-07 13:47	N43.43643 W85.63246	aerial 2012	unknown	
NE04A	03-FEB-04 13:56	N43.74637 W85.76625	ground 2001	up	Bitely (E)
NE04C	03-FEB-04 13:56	N43.74648 W85.76817	aerial 2002	up	
NE04D	not in GPS file	N43.74648 W85.76817	estimate 2010	up	(near nest C)
NE05A	03-FEB-04 13:56	N43.45023 W85.77033	aerial 1998	down	Penoyer Creek (B)
NE06A	29-MAR-07 14:49	N43.72375 W85.89983	aerial 2007	down	Nichols Lake (B)
NE07A	22-APR-05 11:24	N43.71182 W86.02701	aerial 2005	up	Volney Lake (C)
NE07B	not in GPS file	N43.71182 W86.02701	estimate 2012	up	(just north of nest A)
NE08A	13-APR-06 13:11	N43.50883 W85.83114	aerial 2006	up	White Cloud (B)
NE09A	23-MAR-07 14:53	N43.50656 W85.63173	aerial 2007	up	Hardy Pond (C)
NE09B	10-APR-08 12:31	N43.50695 W85.63107	ground 2013	up	
NE10A	06-MAY-08 14:26	N43.63247 W85.60125	aerial 2008	up	Bisel Lake (C)
NE10B	18-MAR-09 14:41	N43.63306 W85.59839	aerial 2009	poor	
NE11A	02-APR-09 14:59	N43.54276 W85.92723	ground 2009	up	Big Red Tower (C)
NE11B	24-MAR-10 11:33	N43.52670 W85.91271	aerial 2010	down	
NE12A	15-APR-13 14:33	N43.70827 W85.85856	aerial 2013	up	Woodland Lake (B)
NE99?	03-FEB-04 13:56	N43.46288 W85.94862	aerial 2004	unknown	(near

Fremont Lake)

* OAKLAND

OA01A	03-MAY-11 11:58	N42.72783 W83.09977	aerial 2011	up	Stoney Creek (C)
OA01B	26-MAR-13 14:09	N42.76665 W83.07398	ground 2013	up	
OA02A	26-MAR-13 13:51	N42.64515 W83.56213	ground 2012	up	Highland SRA (B)
OA03A	26-MAR-13 13:57	N42.58742 W83.29750	aerial 2013	up	Bloomfield Hills (B)

* OCEANA

OC01A	03-FEB-04 13:56	N43.74787 W86.39755	aerial 2001	down	Pentwater (E)
OC01B	03-FEB-04 13:56	N43.75763 W86.40500	ground 2002	down	
OC01C	03-FEB-04 13:56	N43.75797 W86.40495	ground 2009	down	
OC01D	22-MAR-12 15:02	N43.75018 W86.40052	ground 2012	up	
OC02A	18-MAR-09 13:17	N43.58955 W86.51976	aerial 2009	up	Bigsbie Lake (B)

* OGEMAW

OG01E	03-FEB-04 13:56	N44.39782 W84.07693	ground 2000	up	Rifle River RA (G)
OG01F	10-APR-06 09:49	N44.40016 W84.08495	ground 2008	up	
OG02E	03-FEB-04 13:56	N44.33143 W83.95075	aerial<2000	down	Stylus Lake East/ North (J)
OG02F	03-FEB-04 13:56	N44.32942 W83.95308	ground 2004	down	
OG02G	10-APR-06 10:07	N44.33396 W83.95638	aerial 2006	up	
OG02H	06-APR-09 09:45	N44.32771 W83.95264	aerial 2009	up	
OG02I	19-MAR-10 10:42	N44.33557 W83.95070	ground 2013	up	
OG03B	03-FEB-04 13:56	N44.23543 W83.98163	ground 2001	down	Hardwood Lake (F)
OG03C	03-FEB-04 13:56	N44.23717 W83.97581	ground 2006	down	
OG03D	13-APR-07 12:29	N44.23349 W83.97581	aerial 2007	up	
OG03E	20-MAR-09 11:41	N44.23557 W83.97605	aerial 2009	down	
OG04A	03-FEB-04 13:56	N44.40900 W83.92220	aerial<2000	up	No Mans/Agustina Lake (D)
OG04B	03-FEB-04 13:56	N44.41141 W83.91232	ground 2013	up	
OG04C	03-FEB-04 13:56	N44.39532 W83.91737	aerial<2004	up	
OG05B	03-FEB-04 13:56	N44.31480 W84.18263	aerial<2000	up	Peach/Rifle Lake (E)
OG05C	25-MAR-04 16:00	N44.31300 W84.18735	ground 2008	down	
OG05D	19-MAR-10 11:35	N44.31213 W84.18158	aerial 2010	up	
OG06A	03-FEB-04 13:56	N44.37860 W83.94425	ground 2004	down	Sage Lake-AuGres Creek (E)
OG06B	10-MAY-07 11:01	N44.37947 W83.94892	ground 2011	up	
OG06C	20-MAR-09 11:06	N44.36615 W83.94453	aerial 2009	down	
OG06D	29-MAR-13 11:29	N44.38290 W83.95104	ground 2013	up	
OG07A	03-FEB-04 13:56	N44.31740 W83.96447	ground 2004	poor	Stylus Lake West/ South (C)
OG07B	28-MAR-05 14:42	N44.31650 W83.95232	aerial 2005	up	
OG08A	01-APR-04 10:05	N44.40623 W84.01663	ground 2006	up	Devoe Lake (C)
OG08B	10-MAY-07 11:06	N44.40878 W84.00828	ground 2007	up	
OG09A	01-APR-04 09:41	N44.41007 W84.27844	aerial 2004	up	Clear Lake (B)
OG10A	15-MAR-05 15:06	N44.25186 W83.89586	aerial 2005	down	Pinkertons Ranch (C)
OG10B	19-MAR-10 10:57	N44.25272 W83.89487	aerial 2010	up	
OG11A	11-APR-07 14:33	N44.18865 W84.31342	ground 2008	up	Edwards Lake (B)
OG12A	20-MAR-09 10:06	N44.41839 W84.16911	aerial 2009	up	Rose City Road (B)
OG13A	20-MAR-09 10:29	N44.43574 W83.96759	aerial 2009	up	AuSable Lake (B)

OG14A	28-MAR-12 10:00	N44.16188 W84.16692	aerial 2012		up
	Greenwood Lake (B)				
OG15A	08-MAY-12 15:34	N44.25411 W84.27116	aerial 2012	up	West Branch (B)
OG16A	07-MAY-13 09:57	N44.20045 W84.00018	aerial 2013	up	Skidway Lake (B)
OG98?	07-MAY-13 10:16	N44.21182 W83.91157	aerial 2013	?	?
OG99?	not in GPS file	N44.29601 W84.00903	aerial 2010	?	Dietrichs Swamp

* OSCEOLA

OL01A	03-FEB-04 13:56	N43.85120 W85.21462	aerial<2000	down	Evart (D)
OL01B	03-FEB-04 13:56	N43.85132 W85.21588	ground 2006	up	
OL01C	24-MAR-08 10:50	N43.84980 W85.20869	ground 2009	up	
OL02A	03-FEB-04 13:56	N43.98702 W85.51523	aerial 2001	up	Ashton (B)
OL03A	03-FEB-04 13:56	N44.15082 W85.40128	ground 2012	up	Eggle Lake (B)
OL04A	18-MAR-09 15:00	N43.92716 W85.19846	aerial 2009	down	Sears (C)
OL04B	27-MAR-12 12:17	N43.92694 W85.19735	ground 2013	up	
OL05A	25-MAR-10 14:03	N44.00794 W85.17710	aerial 2010	up	Whetstone Creek
(E?)					
OL05B	25-MAR-10 14:03	N44.00692 W85.17968	aerial 2010	up	
OL05C	10-APR-12 14:34	N44.01420 W85.16942	aerial 2012	up	
OL05D?	not in GPS file	N44.00794 W85.17709	aerial 2013	up	
OL06A	04-MAY-11 15:56	N44.04636 W85.28654	ground 2013	up	Rose Lake (B)
OL99?	27-MAR-07 13:52	N43.96264 W85.47416	aerial 2007	?	?
OL100	not in GPS file	N43.98148 W85.45842	aerial 2012	up	Eggleston Lake

* OSCODA

OS01G	03-FEB-04 13:56	N44.72353 W83.88767	ground 2000	down	Reeds Ranch (J)
OS01H	28-MAR-07 10:52	N44.73112 W83.89377	ground 2001	up	
OS01I	06-APR-12 10:42	N44.73341 W83.89449	aerial 2012	up	
OS02L	03-FEB-04 13:56	N44.66045 W84.19400	ground<1998	up	Mio Pond West (O)
OS02M	03-FEB-04 13:56	N44.65755 W84.19600	ground 2002	down	
OS02N	19-MAY-04 09:43	N44.66260 W84.19356	ground 2013	up	
OS03D	03-FEB-04 13:56	N44.64797 W83.98273	ground<1997	down	
OS03B	03-FEB-04 13:56	N44.64498 W83.98075	aerial<2000	down	McKinley (F)
OS03E	03-FEB-04 13:56	N44.64361 W84.01953	ground 2009	up	
OS04B?	03-FEB-04 13:56	N44.78263 W83.97425	aerial<2004	up?	South Branch
Thunder Bay River (F)					
OS04C	03-FEB-04 13:56	N44.77123 W83.95730	aerial<2000	down	
OS04D?	03-FEB-04 13:56	N44.78245 W83.97497	aerial<2004	up?	(close to nest B)
OS04E	15-MAY-08 15:21	N44.78098 W83.97015	ground 2013	up	
OS05A	03-FEB-04 13:56	N44.80175 W84.29785	aerial<2004	down	Garland Golf
Course (D)					
OS05C	24-MAR-10 14:52	N44.80112 W84.29498	aerial 2010	up	
OS06A	03-FEB-04 13:56	N44.73565 W83.91232	aerial<2000	down	Shamrock Lake (C)
OS06B	03-FEB-04 13:56	N44.73397 W83.92391	ground 2008	up	
OS07A	03-FEB-04 13:56	N44.66390 W84.34510	ground 2000	down	Whitewater Creek
(D)					
OS07B	29-MAR-04 10:02	N44.66283 W84.34337	aerial 2004	up	
OS07C	28-MAR-07 10:08	N44.67160 W84.37491	aerial 2007	down	
OS08A	03-FEB-04 13:56	N44.66292 W84.16573	ground 2003	down	Mio Pond East (H)
OS08B	19-MAY-04 09:51	N44.65548 W84.16169	aerial 2004	down	
OS08C	29-MAR-04 10:12	N44.65862 W84.16392	ground 2004	down	
OS08D	28-MAR-07 10:21	N44.65770 W84.15367	aerial 2007	down	
OS08E	28-MAR-07 10:26	N44.66467 W84.17567	ground 2007	down	
OS08F	26-MAR-08 10:12	N44.66655 W84.17328	ground 2009	up	
OS08G	22-MAR-10 10:46	N44.66316 W84.17651	ground 2011	up	
OS09A	03-FEB-04 13:56	N44.57792 W84.05958	ground 2012	up	Mack Lake (B)

OS10A	26-MAY-04 12:31	N44.82760 W84.07617	ground 2005	up	Rhoads Lake (C)
OS10B	10-APR-07	N44.82263 W84.08508	ground 2011	up	
OS11A	21-APR-05 14:09	N44.75055 W84.09879	ground 2008	up	Perry Lake (C)
OS11B	23-MAR-09 10:45	N44.75205 W84.09924	aerial 2009	up	
OS12B	06-APR-07 09:54	N44.77543 W84.22817	ground 2011	up	Noodles Lake (C)
OS13A	26-MAR-09 15:18	N44.57181 W84.31253	aerial 2009	up	Meadows (D)
OS13B	15-APR-10 10:25	N44.57160 W84.31399	aerial 2010	up	
OS13C	not in GPS file	N44.57226 W84.31487	ground 2011	up	(just west of nests A & B)
OS14A	26-APR-13 15:18	N44.83513 W84.24804	aerial 2013	up	Moon Lake (B)
OS99	24-MAR-11 10:21	N44.70302 W84.12330	aerial 2011	up	SW of Fairview

* OTSEGO

OT01B	03-FEB-04 13:56	N44.89785 W84.41527	ground 2000	up	Caulkins Creek (C)
OT03J	03-FEB-04 13:56	N44.87808 W84.52580	aerial<2000	up	North Branch AuSable River (M)
OT03K	03-FEB-04 13:56	N44.88178 W84.53392	aerial 1997	down	
OT03L	03-FEB-04 13:56	N44.88117 W84.53403	ground 2004	down	
OT04A	03-FEB-04 13:56	N45.16387 W84.59893	aerial<2000	down	Vanderbilt-Fontinalis Club (E)
OT04B	03-FEB-04 13:56	N45.16012 W84.60385	aerial<2000	down	
OT04C	03-FEB-04 13:56	N45.16557 W84.60283	ground 2009	up	
OT04D	07-APR-08 10:17	N45.16233 W84.60072	aerial 2008	up	
OT05A	03-FEB-04 13:56	N45.06267 W84.40342	aerial<2000	down	Black River Headwaters (B)
OT06A	03-FEB-04 13:56	N44.86438 W84.71325	aerial<2000	down	Waters-Bradford Lake (E)
OT06B	03-FEB-04 13:56	N44.91732 W84.70495	aerial 2002	down	
OT06C	19-APR-10 15:49	N44.91955 W84.70676	aerial 2010	down	
OT06D	05-APR-12 10:58	N44.86533 W84.71160	aerial 2012	up	
OT07B	03-FEB-04 13:56	N45.00475 W84.63490	aerial 2003	up	O"Rourke Lake (E)
OT07C	03-FEB-04 13:56	N45.00563 W84.62490	estimate 2004	up	
OT07D	17-APR-08 13:24	N45.00554 W84.62252	ground 2011	up	
OT08A	03-FEB-04 13:56	N44.91112 W84.83770	aerial 1998	down	Deer Lake (B)
OT09A	03-FEB-04 13:56	N45.08863 W84.71078	ground 2005	down	Olund Lake (C)
OT09B	03-APR-12 13:14	N45.08606 W84.71105	aerial 2011	up	
OT10A	03-FEB-04 13:56	N44.88068 W84.48137	ground 2004	up	Crapo Lake (C)
OT10B	03-FEB-04 13:56	N44.87448 W84.48485	aerial 2003	down	
OT11A	03-FEB-04 13:56	N44.88757 W84.75377	aerial 2003	up	Linn Lake (B)
OT12A	16-APR-04 15:07	N44.99873 W84.50635	ground 2009	up	Johannesburg (B)
OT13A	05-APR-04 10:51	N44.87037 W84.38984	aerial 2004	up	Graham Lake (B)
OT14A	28-MAY-04 15:36	N45.14140 W84.46653	ground 2005	up	Lansing Club Pond (D)
OT14B	08-APR-09 11:23	N45.13510 W84.47587	ground 2010	up	
OT14C	14-APR-11 13:33	N45.13999 W84.47762	aerial 2011	up	
OT15B	07-APR-08 09:44	N44.91848 W84.75840	ground 2010	up	Tecon Lake (D)
OT15C	05-APR-06 09:42	N44.92243 W84.75824	aerial 2012	up	
OT16A	19-APR-12 13:34	N44.96900 W84.39434	aerial 2012	up	Vienna (C)
OT16B	19-APR-12 13:33	N44.97500 W84.38717	aerial 2012	up	
OT99?	03-FEB-04 13:56	N44.94767 W84.70025	aerial ? ?	Otsego Lake	

* OTTAWA

OW02A	23-MAR-04 12:30	N43.04375 W86.17350	ground 2000	down	Grand Haven SGA (B)
OW03A	03-FEB-04 13:56	N43.04783 W86.07028	ground 2002	down	Crockery Creek (E)
OW03B	not in GPS file	N43.04765 W86.70768	ground 2005	up	(platform in wp

west of nest A)

OW03D	14-MAR-11 10:28	N43.04525 W86.06847	ground 2011	up	
OW04A	04-JUN-04 14:09	N43.00175 W85.99543	ground 2004	down	Bass River (E)
OW04B	23-MAR-06 13:15	N43.01147 W86.00582	ground 2007	up	
OW04C	23-MAR-06 13:19	N43.00963 W85.94401	aerial 2006	down	
OW04D	not in GPS file	N43.02756 W86.02991	aerial 2013	up	
OW05A	24-MAY-06 10:48	N42.95036 W85.81345	aerial 2006	down	Bauer (C)
OW05B	17-APR-13 10:49	N42.95532 W85.81803	aerial 2013	up	
OW06A	02-JUN-08 11:32	N43.11238 W86.16395	ground 2012	up	Fruitport (B)
OW07A	15-MAR-10 10:51	N42.95059 W85.87421	ground 2009	up	GVSU (C)
OW07B	02-APR-09 14:56	N42.94968 W85.87262	aerial 2012?	up	
OW08A	15-MAR-10 11:18	N42.96380 W86.21517	aerial 2010	down	Palomita Reserve (C)
OW08B	06-APR-11 14:12	N42.96406 W86.20792	aerial 2011	up	

* PRESQUE ISLE

PI01B	03-FEB-04 13:56	N45.26843 W83.95862	aerial 2003	up	Lake Ella (E)
PI01C	19-APR-07 14:20	N45.26988 W83.96690	aerial 2007	up	
PI01D	03-FEB-04 13:56	N45.26555 W83.93583	estimate 2010	up	
PI02C	03-FEB-04 13:56	N45.24428 W83.96517	aerial<2000	down	Sportsmens Dam (H)
PI02D	not in GPS file	N45.25433 W83.92600	ground 2001	up?	
PI02E	not in GPS file	N45.25433 W83.92600	estimate 2005	up	(just SE of nest D)
PI02F	not in GPS file	N45.25433 W83.92600	estimate 2012	up	(double nest tree, nest F above nest E)
PI02G	19-APR-12 15:18	N45.24638 W83.96373	aerial 2012	up	
PI02?	02-MAY-05 11:49	N45.24355 W83.96104	aerial 2005	unknown	
PI03B	03-FEB-04 13:56	N45.26080 W83.42598	ground 2000	up	False Presque Isle (D)
PI03C	03-FEB-04 13:56	N45.25743 W83.43044	ground 2011	up	
PI04A	03-FEB-04 13:56	N45.39403 W83.73127	aerial<2000	down	Swan Lake (F)
PI04B	03-FEB-04 13:56	N45.39485 W83.74455	aerial<1996	down	
PI04C	03-FEB-04 13:56	N45.39238 W83.72845	aerial 1997	down?	
PI04D	not in GPS file	N45.39238 W83.72845	estimate 2007	down?	(just east of nest C)
PI04E	30-MAR-10 14:28	N45.39346 W83.73064	aerial 2010	up	
PI05B	03-FEB-04 13:56	N45.52003 W84.15563	aerial<2000	down	Black Mallard Lake (F)
PI05D	03-FEB-04 13:56	N45.51388 W84.17540	aerial 2003	up	
PI05E	12-APR-04 11:35	N45.52908 W84.15663	aerial 2004	down	
PI06C	03-FEB-04 13:56	N45.37890 W83.68050	ground<1998	down	Big Trout Lake (G)
PI06D	03-FEB-04 13:56	N45.37325 W83.68610	aerial 2001	up	
PI06E	03-FEB-04 13:56	N45.37145 W83.71480	aerial 2002	up	
PI06F	not in GPS file	N45.37325 W83.68610	estimate 2010	up	(just north of nest D)
PI07A	03-FEB-04 13:56	N45.20693 W83.83157	ground 1999	up	North Branch Thunder Bay River (C)
PI07B	30-MAR-09 14:03	N45.20715 W83.83093	ground 2007	up	
PI08A	03-FEB-04 13:56	N45.33903 W83.62154	ground 2011	up	Thompson Harbor (B)
PI09A	03-FEB-04 13:56	N45.29755 W83.63658	ground 2000	down	Lake Augusta (C)
PI09B	12-APR-04 12:39	N45.29146 W83.63440	aerial 2004	up	
PI10A	03-FEB-04 13:56	N45.45995 W83.93950	aerial 1997	up	Hoeft SP (D)
PI10B	03-FEB-04 13:56	N45.47355 W83.95912	ground 2002	down	
PI10C	04-APR-06 14:53	N45.47536 W83.95233	aerial 2006	up	
PI11A	03-FEB-04 13:56	N45.40552 W84.12583	aerial<2000	up	Ocqueoc Falls (C)
PI11B	14-MAY-10 11:29	N45.39974 W84.12456	aerial 2010	up	

PI12A	24-MAY-05 12:54	N45.28888 W83.51334	ground 2013	up	Grand LLake (B)
PI13A	19-FEB-08 10:21	N45.24533 W83.54757	aerial 2003	up	Polaski-Long Lake (B)
PI14A	12-APR-04 13:56	N45.21233 W83.70873	aerial 2004	up	Leer (B)
PI15A	19-APR-10 13:34	N45.32439 W84.03086	aerial 2010	up	Millersburg (B)
PI16A		N45.27472 W83.76639	aerial 2012	up	Metz (B)
PI17A	29-MAY-12 14:19	N45.42964 W84.05490	aerial 2012	up	Ocqueoc River (B)

* ROSCOMMON

RO01J	03-FEB-04 13:56	N44.39428 W84.43935	ground 2013	up	Lake St Helen East (N)
RO01L	03-FEB-04 13:56	N44.38232 W84.43793	ground 2001	down	
RO01M	03-FEB-04 13:56	N44.38514 W84.44279	ground 2011	up	
RO03I	not in GPS file	N44.38698 W84.84658	ground<1998	up	Deadstream Flooding South (N)
RO03K	03-FEB-04 13:56	N44.38780 W84.84595	aerial 2011	up	
RO03?	21-MAR-07 08:16	N44.39501 W84.84194	aerial 2007	unknown	
RO04C	03-FEB-04 13:56	N44.33145 W84.55378	aerial 2011	up	Backus Lake (D)
RO05C	03-FEB-04 13:56	N44.50682 W84.78632	ground<1998	down	Higgins Lake (F)
RO05D	21-MAY-04 12:28	N44.50858 W84.78640	ground 2007	up	
RO05E	25-MAR-10 13:16	N44.50449 W84.78884	aerial 2010	up	
RO06B	03-FEB-04 13:56	N44.23453 W84.82828	aerial<2000	down	Bear Creek Flooding (F)
RO06C	03-FEB-04 13:56	N44.23497 W84.83702	aerial 2003	down	
RO06D	22-APR-05 09:31	N44.22980 W84.85548	ground 2006	down	
RO06E	24-MAR-09 10:53	N44.23090 W84.85911	ground 2013	up	
RO07G	03-FEB-04 13:56	N44.41540 W84.76803	ground 2002	up	North Bay Houghton Lake (K)
RO07H	24-MAR-06 15:38	N44.41237 W84.78017	aerial 2006	up	
RO07H?		N44.40797 W84.77487	ground<1997	up	(second possible location for nest H)
RO07I	03-FEB-04 13:56	N44.40868 W84.76647	ground 2000	down	
RO07J	21-MAR-07 08:09	N44.40862 W84.76661	ground 2009	up	
RO08C	03-FEB-04 13:56	N44.22743 W84.76773	ground 2006	up	Wraco Lodge (E)
RO08D	21-MAR-13 09:31	N44.23659 W84.75905	aerial 2013	up	
RO09E	03-FEB-04 13:56	N44.38848 W84.64473	aerial<2000	unknown	Marl Lake (H)
RO09F	03-FEB-04 13:56	N44.42440 W84.64132	ground 2013	up	
RO09G	03-FEB-04 13:56	N44.43058 W84.65710	aerial 2002	down	
RO10B	03-FEB-04 13:56	N44.40578 W84.83847	aerial<2000	down	Deadstream Flooding North (D)
RO11A	not in GPS file	N44.23548 W84.48143	estimate ?	unknown	West Twin/Woods Lake (D)
RO11C	03-FEB-04 13:56	N44.23392 W84.48074	ground 2009	up	
RO12C?	03-FEB-04 13:56	N44.37432 W84.44665	aerial<2004	down?	Lake St Helen West (H)
RO12D?	03-FEB-04 13:56	N44.37895 W84.45230	aerial<2004	down?	
RO12E?	03-FEB-04 13:56	N44.37658 W84.46167	aerial<2004	up	
RO12F	21-APR-05 09:38	N44.37272 W84.45557	ground 2007	down	
RO12G	19-MAR-10 09:47	N44.37247 W84.45225	aerial 2010	down	
RO13A	03-FEB-04 13:56	N44.32908 W84.62870	ground 2000	up	Prudenville (C)
RO13B	03-FEB-04 13:56	N44.33245 W84.63094	ground 2013	up	
RO14A	03-FEB-04 13:56	N44.28613 W84.82505	aerial 1997	unknown	Porter Ranch (F)
RO14B	03-FEB-04 13:56	N44.28555 W84.80947	ground 2000	unknown	
RO14C	03-FEB-04 13:56	N44.28558 W84.84158	aerial 2001	unknown	

RO14D	not in GPS file	N44.28578 W84.80975	ground 2012	up	(just NW of nest B)
RO14E	not in GPS file	N44.28542 W84.80892	ground 2009	up	(SE of nest D)
RO15A	03-FEB-04 13:56	N44.37260 W84.64913	aerial 1999	up	Roscommon Co Airport East (D)
RO15C	not in GPS file	N44.37260 W84.64913	estimate 2006	up?	(south of nest A)
RO16A	03-FEB-04 13:56	N44.48317 W84.48732	aerial<2004	up	Hudson Creek (B)
RO16A?		N44.48282 W84.49025	aerial 2001	up	(second possible location for nest A?)
RO17A	03-FEB-04 13:56	N44.17567 W84.59398	aerial 2003	down	Mid-Forest Lodge-Slide Lake (C)
RO17B	27-MAR-13 08:54	N44.22708 W84.57981	aerial 2013	up	
RO18A	06-APR-04 14:13	N44.35272 W84.65450	ground 2013	up	Roscommon Co Airport West (B)
RO19A	20-APR-04 12:59	N44.48468 W84.55051	ground 2008	up	DNR Airport (B)
RO20A	24-MAR-11 15:28	N44.36249 W84.59258	aerial 2011	up	Backus Flooding (B)
RO20A?		N44.35272 W84.60194	aerial 2011	up	(second possible GPS location for nest A)
RO99	15-MAY-08 11:27	N44.45702 W84.72465	aerial 2008	unknown	?
* SAGINAW					
SG01F	03-FEB-04 13:56	N43.30912 W84.08557	ground 2003	up	Shiawassee River SGA #1 (G)
SG02C	03-FEB-04 13:56	N43.37172 W83.98070	ground 2000	down	Shiawassee NWR #1 (E)
SG02D	19-MAR-09 14:08	N43.37607 W83.99112	ground 2009	up	
SG03A	03-FEB-04 13:56	N43.35537 W83.99528	aerial<2004	down	Shiawassee NWR #2-Spaulding Drain (F)
SG03B	03-FEB-04 13:56	N43.35465 W83.99633	ground 2001	down	
SG03C	17-MAR-10 11:20	N43.35424 W83.99309	ground 2007	up	
SG03D	25-MAR-04 13:57	N43.35920 W83.98707	aerial 2004	down	
SG04A	03-FEB-04 13:56	N43.34297 W84.06082	ground 1999	down	Shiawassee Cutoff (E)
SG04B	03-FEB-04 13:56	N43.35385 W84.09053	ground 2001	down	
SG04C	03-FEB-04 13:56	N43.34712 W84.08440	ground 2002	down	
SG04D	25-MAR-13 11:29	N43.33756 W84.10407	aerial 2013	up	
SG05A	03-FEB-04 13:56	N43.35718 W83.92833	ground 2000	up	Bridgeport (C)
SG05B	28-MAR-13 11:08	N43.36360 W83.94411	aerial 2013	up	
SG06A	03-FEB-04 13:56	N43.28705 W84.09368	ground 2005	up	Shiawassee Rookery (B)
SG07A	22-MAR-06 14:05	N43.41783 W83.95133	aerial 2006	down	Ojibway Island (D)
SG07B	21-MAR-08 13:55	N43.39193 W83.97444	ground 2007	down	
SG07C	26-MAR-12 12:14	N43.38403 W83.97115	aerial 2012	up	
SG08A	22-MAR-06 14:33	N43.36280 W84.00010	ground 2007	up	Shiawassee NWR-Pool 1A (B)
SG09A	13-APR-07 10:30	N43.43393 W84.05767	aerial 2007	down	Case Tract (D)
SG09B	21-MAR-08 14:12	N43.43063 W84.05202	aerial 2008	unknown	
SG09C	21-MAR-08 14:17	N43.43367 W84.05554	ground 2009	up	
SG10B	19-MAR-09 14:32	N43.34889 W84.03854	ground 20112	up	Shiawassee NWR-Eastwood Drain (C)
SG11A	06-MAY-10 12:10	N43.23269 W84.10595	ground 2010	down	Fergus (D)
SG11B	03-MAY-11 14:25	N43.19886 W84.11347	aerial 2011	down	
SG11C	26-MAR-12 11:46	N43.15444 W84.12954	aerial 2012	up	
SG12A	26-MAR-12 12:08	N43.31003 W84.02463	aerial 2012	down	Little Praire Hunt Club (B)

SG13A	26-MAR-12 12:22	N43.46212 W83.91530	aerial 2012	up	Crow Island (B)
SG14A	25-MAR-13 11:35	N43.31718 W84.15506	aerial 2013	up	Beaver Creek (B)
SG15A	25-MAR-13 11:12	N43.50799 W83.88235	aerial 2013	up	Zilwaukee Bridge (B)
SG16A	04-JUN-13 11:06	N43.54275 W84.15311	aerial 2013	up	Freeland (B)
* SHIAWASSEE					
SH01B	10-APR-08 10:29	N43.09557 W84.27397	ground 2007	up	Michigan Peat (D)
SH02A	13-MAY-08 10:26	N43.06589 W84.17609	ground 2008	up	Owosso Country Club (B)
* ST JOSEPH					
SJ01A	16-MAR-09 13:03	N41.96705 W85.56109	aerial 2009	up	Three Rivers (B)
SJ02A	02-MAY-11 12:43	N41.96987 W85.34235	aerial 2011	up	Sturgeon Lake (B)
* SANILAC					
SN01A	28-MAR-13 14:12	N43.68989 W82.62797	aerial 2013	up	White Rock (B)
* ST CLAIR					
ST02B	03-FEB-04 13:56	N43.06343 W82.60238	ground 2003	up	Ford Estste-Ruby (C)
ST03A	08-APR-11 13:01	N42.58446 W82.58551	ground 2011	up	Harsens Island (B)
ST04A	30-MAY-12 11:08	N43.10164 W82.69136	aerial 2012	up	Greenwood-DTE (B)
ST05A	17-APR-13 15:51	N43.00099 W82.48400	aerial 2013	up	Black River (B)
* TUSCOLA					
TU01C	03-FEB-04 13:56	N43.56822 W83.67892	ground 2001	up	Dinsmoore (D)
TU02E	25-MAR-04 14:35	N43.67600 W83.49117	ground 2004	up	Fish Point SWA (H)
TU02F	03-FEB-04 13:56	N43.67675 W83.48785	aerial 2006	up	
TU02G	21-MAR-08 13:10	N43.69416 W83.47186	ground 2008	up	
TU03A	03-FEB-04 13:56	N43.45107 W83.41822	aerial 2003	down	Caro (D)
TU03B	22-MAR-04 14:51	N43.45862 W83.42133	ground 2004	down	
TU03C	15-MAR-05 12:57	N43.45673 W83.42513	ground 2006	up	
TU04A	18-MAR-11 10:42	N43.38066 W83.54544	aerial 2011	up	Vassar SGA (B)
TU05A	02-JUN-11 13:02	N43.68201 W83.56418	ground 2012	up	Gotham Road-Old Fish Point (C)
TU05B	28-MAR-13 10:43	N43.68004 W83.55638	aerial 2013	up	
TU06A	23-MAR-12 14:49	N43.64623 W83.24530	aerial 2012	up	Gagetown (B)
TU07A	23-MAR-12 14:39	N43.55805 W83.11902	aerial 2012	up	Cass City (B)
* WAYNE					
WA01A	03-FEB-04 13:56	N42.09002 W83.44533	ground 2001	up	Crosswinds (C)
WA01B	16-MAR-10 10:48	N42.10028 W83.44962	aerial 2010	up	
WA02A	03-FEB-04 13:56	N42.07592 W83.17292	aerial 2001	down	Celeron Island (B)
WA03C	03-FEB-04 13:56	N42.04277 W83.20716	ground 2010	down	Campau Road (F)
WA03D	15-MAR-11 11:03	N42.05328 W83.21809	ground 2011		
WA03E	26-MAR-13 10:53	N42.04950 W83.22560	ground 2013		
WA04A	03-FEB-04 13:56	N42.11348 W83.32787	ground 2001	down	Oakwoods (C)
WA04B	20-MAR-12 09:29	N42.11150 W83.32209	aerial 2012	up	
WA05A	03-FEB-04 13:56	N42.18645 W83.53502	ground 2002	up	Belleville (B)
WA06A	16-MAR-10 10:58	N42.12527 W83.13203	ground 2012	up	Stony Island (C)
WA06B	15-MAR-11 10:58	N42.12564 W83.13138	ground 2012	up	
WA07A	16-MAR-10 11:01	N42.10870 W83.18600	aerial 2010	up	Humbug Marsh (C)
WA07B	20-MAR-12 11:19	N42.10654 W83.18437	ground 2011	up	

WACAN	20-MAR-07 12:36	N42.23754 W83.11117	aerial 2007	up	Fighting Island (in Canada)
* WASHTENAW					
WS01A	20-MAR-08 12:31	N42.11949 W83.75771	aerial 2008	poor	Saline (C)
WS01B	13-MAY-08 12:17	N42.11655 W83.75481	aerial 2008	up	
* WEXFORD					
WX01B	03-FEB-04 13:56	N44.36768 W85.78785	ground<1998	down	Hodenpyle Dam Pond W (E)
WX01D	03-FEB-04 13:56	N44.36729 W85.78906	ground 2009	up	
WX02A	03-FEB-04 13:56	N44.25198 W85.54506	ground 2013	up	Lake Mitchell (B)
WX03A	17-MAY-05 13:32	N44.43471 W85.41357	aerial 2005	up	Manton (E)
WX03B	10-MAY-07 12:55	N44.43554 W85.41341	aerial 2007	up	
WX03C	not in GPS file	N44.43472 W85.41357	estimate up	(near nest A)	
WX03D	18-MAR-13 14:04	N44.43130 W85.42724	aerial 2013	up	
WX04A	21-MAR-06 09:49	N44.31070 W85.35379	ground 2012	up	Clam River (D)
WX04B	13-APR-11 16:02	N44.30943 W85.35642	aerial 2011	up	
WX04C	24-APR-13 10:50	N44.30626 W85.33017	aerial 2013	up	
WX05A	03-FEB-04 13:56	N44.36862 W85.78413	ground 2000	up	Hodenpyle Dam Pond E (B)

FLINT WATER – MISC	DEQ – MISC
SUMMARY	SUMMARY
SUMMARY	SUMMARY
SUMMARY	SUMMARY
SUMMARY	SUMMARY
SUMMARY	SUMMARY
DAILY STATUS REPORT	DAILY STATUS REPORT
DAILY STATUS REPORT	DAILY STATUS REPORT
DAILY STATUS REPORT	DAILY STATUS REPORT
DAILY STATUS REPORT	DAILY STATUS REPORT
DAILY STATUS REPORT	DAILY STATUS REPORT
TRANSFER COMMAND	ICS-214 PIO
PIO SECTION MISC	LOGISTICS SECTION MISC
ICS-214 FINANCE SECTION CHIEF	FINANCE SECTION MISC

DOCUMENT UNIT LEADER – FLINT WATER CRISIS

SCHEDULE OF MEETINGS / TASKS		
TIME	**DESCRIPTION**	**NOTES**
0700	File Documents	On-Going
0800	Morning Briefing	Patriot Room (Monday through Friday)
0830	Type Notes from Morning Briefing and Email to: Operations, Communications, and Situation Leaders	Immediately following Briefing
0930	SEOC Briefing Conference Call	Optional
1000	Command Team Meeting	EEC Conference Room
1430	Pre-Planning Meeting	EEC Conference Room
1530	Planning Meeting	Patriot Room (Monday through Friday)
1600	Type Notes from Morning Briefing and Email to: Operations, Communications, and Situation Leaders	Immediately following Briefing

DOCUMENTATION REQUIREMENTS

- Save all written communication and notes, including but not limited to those sketched on an easel pad, email, note book, word document, etc.

- Instruct each member of the ECC to create an email folder named "_Flint Water" into which all incoming and outgoing emails relating to the Flint water crisis are to be stored. DTMB will be retracting emails located in the "_Flint Water" folders at a later date and printing them for legal record.

- The team protocol for file naming is listed on the Team File Protocol sheet and include:

  ICS###_Form_Name_Flint_Water_Date(operational period)_time(24hr)
  Example: ICS_209_Incident_Status_Summary_Flint_Water_02_04_2016_1342.xxx

- Any Word, Excel, PowerPoint, etc. document created in relation to the Flint water crisis by any ECC member is to be uploaded to the SharePoint webpage located at http://inside.michigan.gov/sites/deq/Flint_Water_Response and saved in the correlating Unit Folder.

DOCUMENT LIST

Document	Description/Note
Environmental Protection Agency (EPA) Order	18 pages
EPA Order Task List	Yellow Spreadsheet
Flint Drinking Water Task Force Task List	Orange Spreadsheet
Safe Drinking Water Plan Task List	Green Spreadsheet
Congressional Energy & Commerce Task List	Blue Spreadsheet

STATE OF MICHIGAN
DEPARTMENT OF NATURAL RESOURCES
LANSING

RICK SNYDER
GOVERNOR

DR. WILLIAM E. MORITZ
DIRECTOR

February 11, 2016

TO: Incident Management Team

FROM: Chief Gary Hagler, Law Enforcement Division

SUBJECT: Purchasing Delegation

Pursuant to the purchasing guidance outlined in the memorandum submitted by the State of Michigan Procurement Leadership and addressed to DTMB Procurement, dated February 2, 2016 regarding the emergency situation in Genesee County on the Flint water crisis; the Michigan State Police (MSP) has been delegated with purchasing authority with no expenditure limit for the Flint water crisis.

The MSP has delegated me as the lead contact for all Michigan Department of Natural Resources (MDNR) and Department of Environmental Quality (MDEQ) purchases pursuant to the Flint water crisis.

Whereas all purchases are governed by the purchasing guidance provided in the February 2, 2016 memorandum, I hereby delegate the following:

- Any Law Enforcement Officer that I delegate to act in my rank has the authority to purchase and to authorize the purchase of commodity or service that is deemed necessary to the operations of the Flint water crisis remediation.

- The Incident Management Team is delegated the authority for the purchase of commodity or services up to $10,000.00 that are deemed necessary to the operations of the Flint water crisis remediation.

Any purchases made under this authority must be routed to the MSP-SEOC for final authorization, tracked for reporting purposes, and reported to Laura Gyorkos, Department Manager of DTMB immediately.

The delegations contained herein remain in effect until rescinded.

_____ _____

Gary Hagler, LED Chief Effective Date

SENTINEL TESTING CHECKLIST

Testing Dates: Wednesday, February 10, 2016 through Sunday, February 14, 2016
Meet at State of Emergency Operation Center (SEOC) in Flint at 8:30 am

Things to Remember:

- Be sure to bring State Identification and keep it visible to homeowners.
- Leave door hanger if homeowner is not home and be sure to **write your ID # on the hanger**.
- Direct non-MDEQ questions (i.e. Legionnaires, rashes, etc.) to call **2-1-1**.
- MDEQ questions to the **Environmental Assistance Center (EAC) at 800-662-9278**.
- If you need assistance with the iPad software, please contact **Brian Maki at 517-242-0903**.
- iPad code is 4000. [Click Collector Tool, DEQ Sentinel Sites, Choose Address Dot, Click Details, Click Edit]
- In order to preserve iPad battery, shut screen off when not in use and USB while in vehicle.

PERSON RESPONSIBLE	TASK
Community Volunteer	Knocks on door and introduces the team.
MDEQ Staff	Explains why the team has arrived with something like: "Thank you for volunteering to be part of the State's water sampling process which may include (6) tests which will be collected every two (2) weeks. We are here to prepare your home for the test and to instruct you on the testing process." "Our Plumber will begin by documenting your water supply, and water line construction. He/she will replace the filter if needed, and clean the aerator on your sink fixture. While the Plumber is preparing your kitchen sink for the water sampling, I will be taking a photograph of where your water line enters the home and the fixture that the water sample is taken from."
Plumber	Asks the homeowner to begin the process and commences with his tasks.
MDEQ Staff	Explains the water sampling process: • Provide two (2) completed copies of the Request for Water Analysis (pink) with "FS_ _ _ _ Site Code" to the Homeowner; one to be submitted with the first sample and one for future reference. **Explain, in detail how to complete the form.** • Write the FS Site Code on the bottle label with a sharpie. • Direct the Homeowner to www.michigan.gov/FlintWater website video on how to collect water samples for testing. • Instructions Must Include: ➢ Sample must be taken on the morning of Monday, February 15th, 2016 ➢ Do not run water for at least 6 hours prior to collecting water sample – cannot even flush toilets or run washing machine ➢ Filter must be removed before collecting the water sample ➢ Use COLD water faucet from kitchen sink or bathroom sink, if necessary (NO BATHTUB faucet collection!)

	➢ Place sample container under faucet before turning cold water on ➢ Fill sample container to the shoulder of the bottle (just below the neck of the container) ➢ Place cap on sample container ➢ Complete Request for Water Analysis (pink) form, secure to bottle with rubber band. ➢ leave sample bottle outside front door for pick up on Monday morning **NOTE:** Enter notes in comment section of software if Homeowner cannot leave the sample on their porch on Monday morning – include the next best pick up date and time.
ANY	**Prior to Leaving Residence:** • Inform Homeowner as to what Zone their property falls in so they know this information if they need to call the EAC OR 2-1-1 • Provide up to two (2) cases of bottled water, as needed. • Provide filters and replacement cartridges, as needed. • Encourage the Homeowner to clean the aerators on all fixtures on a regular basis • Ensure that the Homeowner understands when and how to replace filters • Inform the Homeowner that another sampling kit will arrive in two (2) weeks and that they will need to collect the water sample in the same manner. • Let the Homeowner know that testing results will be mailed to them within 30 days. • Instruct the Homeowner to continue utilizing filters, until directed otherwise. • Take two (2) photographs including: 1. Water line at entry of structure 2. Fixture that water sample will be taken from
MDEQ Staff	**After Leaving Residence:** • Keep list of residences with door hangers • Provide this list to Team Leader at end of shift

OUT-OF-STATE TRAVEL EXCEPTION REQUEST

State of Michigan – Department of Human Services

SECTION A - REQUESTOR IDENTIFICATION

Administration, Bureau/Office	Agency Code	Approp Year	Index Code	Program Cost Account (PCA)	Agency Object Code(AOBJ)
Michigan Community Service Commission	431	16	21110	11474	

DIRECTOR'S OFFICE USE	Request Number
Request Number	

SECTION B - DESCRIPTION AND REASON FOR EXCEPTION

REASON: Check one (or more) of the boxes below and attached supporting documentation.

☐ Legal Mandate ☐ Health & Safety ☐ Budget Savings ☐ Federal Requirements ☒ Specialized Training ☒ Nonstate Funds

In this space, indicate the names of the individuals traveling, destination and event/assignment for which travel is necessary.

Ginna Holmes, Houston, TX - To attend the Points of Light Conference, October 17-21, 2015. Ginna will be representing the state of Michigan as the state lead for volunteerism, service, youth development and disaster recovery. Michigan will be hosting the Points of Light conference in June 2016; as such, Ginna sits on the Planning Board and is required to attend this year's conference to start the planning process for 2016. Points of Light will provide Ginna's basic registration fees. This conference is the largest convening of nonprofit, government, business and civic leaders. Workshops will provide training to improve skills to engage volunteers, explore disaster recovery solutions, utilize civic engagement to effect change, equip organizations to leverage volunteers and empower youth development professionals to cultivate service at an early age. Ginna will be collaborating with corporate donors and service providers to discuss best practices for assisting the DHHS with recovery in the southeast Michigan flood and Flint water issue areas.

COST: Indicate estimated total travel costs for each category provided.

Registration	175.00	Flight	650.00	Meals	226.25		
Mileage	66.00	Lodging	876.00	Other	100.00	Total	2,093.25

REASON FOR TRAVEL AND CONSEQUENCES IF DENIED:

Ginna is required to attend the Points of Light planning board meeting in order to host the June, 2016 conference in Michigan. If she is not included in the board planning discussions and introduced to key service/volunteer professionals, the revenue that the conference (with its 3,000 attendees) could provide to the State of Michigan would be lost. Also, as the lead agency of volunteerism and service for the State of Michigan, it is necessary to stay aprised of the most recent practices,tools and education to effectively address state needs through service. In addition, the loss of valuable information regarding disaster recovery practices(for Detroit and Flint) could set back future efforts.

SECTION C - REQUESTOR APPROVALS

Signature of Preparer	Telephone Number	Date
	(517) 241-3606	10/07/15
Bureau/Office/County Director Signature Geralyn Lasher		Date
Administration Director Signature	Action ☐ APPROVED ☐ DENIED	Date

SECTION D - DIRECTOR'S ACTION

Chief Deputy Director Signature	Action	Date
	☐ APPROVED ☐ DENIED	

	A	B	C	D	E	F	G	H
2		REQUEST FOR RESEARCH STATUS				**COMPLETED**		
3								
4	RESEARCH SUMMARY	FROM	ASSIGNED TO	DATE ISSUED	DATE DUE	DATE COMPLETED		
5	Licensing for foster care and unlicensed immigrant in the household	Cathe Hoover/Stacie Blanden	Jennifer Larrivey	11/16/2015	11/30/2015	11/30/2015		
6	Paternity issue in CA/N proceeding where there is no record of marriage	Angela Floriano, Clinton County DHS	Kristi Estrada	11/16/2015	11/30/2015	11/16/2015		
7	Kent County Consortium; waiver of administrative rule compliance.	Chris Rehagen, Director	Mary Brennan	11/19/2015	Tentative 12/4/15 (Letter to be sent to Consortium of more information needed; research will be worked on while waiting a response.	Research completed on waiver/exemption and conflict of interest on 12/8/2015		
8	Fingerprinting for guardianships.	Beth Cooley/Chris Rehagen	Jennifer Larrivey	11/23/2015	Requested 11/30/2015. MB sent email indicating at a minimum it would be 12/4/2015. Meeting on 12/7/2015 to discuss with Jeff, Mary and Jennifer. Memo to be finished by COB 12/7/2015	12/7/2015		
9	Release of records to BHDDS from CPS regarding autism issues/support to CPS case families	Lisa Grost-BHDDS staff worker	Mary Brennan/Jeff Meaton	11/24/2015	12/7/2015	12/7/2015		

	A	B	C	D	E	F	G	H
10	Whether language of CCI rules regarding auto sprinklers for new homes allows current homes to forgo licensing requirement.	Linda Lee/Carol Slottke	Jennifer Larrivey	12/10/2015	1/8/2016	1/5/2015-More information needed from contracted fire marshall. T/C to Bill Johnson to obtain further information. 1/31/2016-No response. Research held open until response given.		
11	Which entity bears the cost of transporting prisoner parents to termination hearings.	Julie Sprouse, Cheboygan DHHS	Mary Brennan	12/17/2015	12/30/2015	12/17/2015		
12	Fingerprints submission to out of state agencies under the ICPC	Beth Cooley/Chris Rehagen	Mary Brennan	12/17/2015	1/8/2016	12/23/2015		
13	Research on Mediation	Colin Parks/Mark Meyer	Mary Brennan	12/23/2015	1/27/2015	1/15/2015		
14	Foster Families and CCI and Flint Water Issue	Chris Rehagen, Director	Mary Brennan	2/1/2016	2/5/2016	2/5/2016		
15	Court ordering testing of parent; dictates type and Lab	Colin Parks	Jeff Meaton	2/4/2016	2/10/2016	2/4/2016		
16	MOU with Mexican Consulate; authority for abuse and neglect children	Steve Yager	Mary Brennan/Kristi Estrada	1/4/2016	3/1/2016	2/22/2016		
17	WIC/CPS Confidentiality	Stacie Bladen	Kristi Estrada	1/16/2016	1/29/2016	1/29/2016		
18	MARE terms of use development	Cathe Hoover/Stacie Blanden	Kristi Estrada	1/12/2016	2/1/2016	1/28/2016		

	A	B	C	D	E	F	G	H
19	OAG Access to MiSACWIS	Stacie Bladen	Mark Meyer/Mary Brennan	1/21/2016	2/3/2016	1/27/2016		
20	Tribal Access to MiSACWIS	Stacie Bladen	Kristi Estrada	2/1/2016	2/22/2016			
21	SSA Electronic Signature	Amanda Burch, Eaton Co. CPS Supervisoer	Jeff Meaton	2/9/2016	2/15/2016	2/10/2016		
22	Adult Adoptee Records Request	Connie Stevens, Central Registry-Adoption	Jennifer Larrivey	02/02/2016-did not receive until 2/9/2016	2/23/2016	2/23/2016		
23	Mental Health resident threat against minor-no CPS involvement.	Doug York/Cynthia Pushman-Crawford/Otsego/Oscoda	Mary Brennan	01/15/2016 -did not receive until 02/05/2016	2/19/2016	2/8/2016		
24	Blood Level Testing in Wake of Flint Water Issue	Jenn Wrayno	Jeff Meaton	2/11/2016	Requested asap but 10 days response is 2/25/2016	2/11/2016		
25	Research statutes for placement of rehoming legislation	Cathe Hoover/Stacie Blanden	Kristi Estrada	2/1/2016	3/1/2016			
26	Creation of "one-stop" post-adoption services for parents	Steve Yager	Kristi Estrada	2/16/2016	3/2/2016			
27	OAG Access to MiSACWIS-followup re adoption and foster care prohibition	Stacie Bladen	Mary Brennan	2/16/2016	3/2/2016	2/17/2016		
28	Data Share Confidentiality Review DHHS and Community Health	Steve Yager	Kristi Estrada	2/17/2016	3/3/2016			
29	Mandatory Petition-Termination of Parental Rights	Rachel Shorey	Jeff Meaton	2/17/2016	2/29/2016	2/17/2016		

	A	B	C	D	E	F	G	H
30	Interception of Foster Care Payments for Debt Collection	Kathy Valdez/Kathy Miller	Jeff Meaton	2/17/2016	No date-not time sensitive			
31	Whether local office CPS case workers should be serving subpoenas on persons involved in CPS petitions	Stacie Bladen?	Mark Meyer	2/17/2016	2/29/2016	2/19/2016		

BSC 2 Director Meeting
Notes
1-12-16

Lew – 2016 is just starting. There was discussion about strategic planning in counties. Isabella and Clare have a new Best Practice workgroup, which is starting a new worker orientation. Local office polices are an upcoming item for this group. Most counties are doing some work on new worker orientation. CWTI MiSACWIS training is a separate, voluntary 5-day program. Many new staff do not go as the county has to pay for staff to participate in this program. MiSACWIS is not discussed until the end of CWTI. Strategic planning training in Ingham; looking at gaps current programs and what can be changed to make things better.

BSC 2 will be seeking feedback from Directors about the customer service we are providing. There will be three small groups of 3-4 Directors and 2-3 BSC Analysts. Meetings will be in person and one hour each. We will provide questions prior to the meetings to solicit input, but Directors should feel free to provide any constructive feedback. Directors may choose to bring a program manager or other staff member whose input would be valuable. This information-gathering process will be completed by 3-31-16.

Contract Administrators will begin distributing a monthly snapshot of where we are with contracts.

The Flint water crisis was discussed.

Adult Services hiring: Matt Soderquist will continue in his WOC position for up to 90 days. Gained 9 staff in adult services. Swapped BSC 2 analyst position to cover a supervisory position that was lost. BSC 2 is hiring an Executive Secretary who will provide assistance to Adult Services. The Auditor General will come back next month to review the Adult Services program and compare current findings to the previous audit.

Steve Yager – CSA updates

The MSA is now ISEP: Implementation, Sustainability and Exit Plan. Court date is February 2, 2016. The report is embargoed until that date. The new report will be in a different format. We previously had 238 commitments; now we will have 84 that will remain monitored. They are grouped and easier to find.

The new sections are to be achieved, then maintained at 85%. If maintained, one of three things can happen:

1. It can exit and be gone forever
2. It can go into structures and policies; not monitored.

3. It can be set to be maintained. Some issues will always be maintained until we are out of the entire document. Top items will remain the top items. These are things such as safety, permanency, meds/dents, social work contacts, etc.)

After February 2, there will be a big release. The BSC Directors will receive job aids to help in utilizing and understanding the report.

Official counts will be the last day of every even month.

Still working on the budget for FY17.

Aiming for fewer spreadsheets and centralized reporting. Online reporting for CI. Hope to issue 65 reports from MiSACWIS within the next couple of months.

Steve will send an updated CSA org chart to Lew for further distribution.

Steve is doing site visits and discussing general issues with staff. He always covers the MSA update/implications. Talks about the budget cycle and explains that there can be 18 months between requests and when the change is seen in the budget. Could be as long as 23 months. Steve wants to make sure people realize their request is not being ignored. He also hits on other relevant issues, then opens up to questions from staff.

Meeting with SCAO to address field issues. If issues arise locally, send to Lew to send on to Steve so they can be addressed. SCAO is offering report-writing training. Have staff attend, if needed.

DHHS/Private Agency relationships – where are we? Probably at an all-time high now. Very positive. Need to work together in communities and work on partnerships moving forward.

Workload 13:1 ratio for FC. Increase in allocation. Working on further assessment. *May* see changes in FY17.

Also looking at ongoing CPS and CPS investigation caseload ratios. Not sure when this might change based on the workload study, which is not yet complete. *Possible* for FY17.

Steve thanked all Directors. Recruitment numbers are much improved. Making great headway but still a long way to go. Thank you for all you do.

Lew

PRMs and PERs

CWFO and performance reviews. Agency issues.

PA workgroup that Steve mentioned – Lew sits on this workgroup. One item that arose is at times our staff is put in a position where the PA goes into closed door session. If PA goes into chambers, DHHS worker should feel they can say "this may not be the position of the Department. At this time you are not representing us and we will go down our own path." Staff concerned about maintaining their good working relationship with their PA.

ACTION ITEM FOR DIRECTORS: Try to get a feel from your PA as to whether they will be there for every review hearing. Most would like to have an attorney there each time, but is this feasible?

CI Updates – Mike Deerfield, Joe Baker

Highlights: Moving toward developing online reporting tool for mandatory reporters. This stops and starts depending on legislation. This now rests with the Business Integration Center. May use a system already in place in PA. The PA system is a real-time interface and a system here with interface with MiSACWIS in real time.

Mandated reporters cannot be anonymous.

Compiling reconsideration data. Can't rely on MiSACWIS yet. Counties can request through email. If CI does not agree, nothing is put in MiSACWIS, so MiSACWIS shows a 100% approval rate.) A copy of the monthly report was already distributed to the Directors.

Discussion about the time a county spends on the reconsiderations and that this is time they cannot spend on other cases. Why doesn't CI get the resources to make the decision before it gets to the county? Mike understands this concern and is tracking the assignment rates of individual supervisors. They are looking at what training needs to be offered. There are also time constraints; can't always get all the info needed from the referral source. Resources are limited.

CI will work to notify investigator when a police report is uploaded.

Question about referrals that come in just before 5 p.m. Supervisor may not get the priority info. Can this be part of the email that is sent? This notification is in the top 10 on the change control list.

Another question about incorrect address or unknown possible child. Intakes cannot be modified to reflect what is learned during the investigation. This may be more of a quality control issue. Comments entered at CI will not print out in the PDF. The field doesn't always read the CI comments.

No more than w unknown participants on an intake. If workers get more, they need to let CI know, as this should not happen. (1 victim, 1 perp)

CI procedures will be posted to the SharePoint site once the revisions are complete. Then revisions will be updated regularly on the site.

Deceased children (when the only child) remain an issue.

Person ID selection: The Bridges RID is not used for the initial search. CI reviews the first 3 or 4 versions of the person. Discussion about how an incorrect person ID at intake can follow through deep into case actions.

Can CI participate in the supervisory calls? Joe says that they are on these calls. ACTION ITEM for CW Analysts: Invite them to attend the next Program Managers meeting.

Mike Foley – Children's Trust Fund

The trust fund focuses on front end of continuum of prevention/children's services. Each state has a trust fund, but the vision actually began in Lansing. The Trust Fund exists in the Dept. of Treasury. It does not fund anything where there is substantiated abuse or neglect; focus is on prevention. See handouts for more information.

Grants: Entities can bid in April. Watch for these opportunities. He intends to work through the Business Service Centers this year to promote these and spread awareness. They do require matching dollars. There is a board review process and they try to balance these geographically. Direct Service grants go on Bid4Michigan in mid-June or July and there are six weeks to respond. Announcements are made following the December board meeting.

Mike shared his PowerPoint presentation, which was emailed to Directors following this meeting.

County updates

Shiawassee is bring more agencies into their HUB. They are looking at expanding into the community school project idea. Not sure yet what this will look like.

Gladwin/Midland – Making changes to cover caseloads. Filling vacancies. Making progress on metrics. Discussion about County Child Care Fund approvals. Robin is attending a CWFS training on 1/13 and will share any relevant info from that meeting with Directors. ACTION ITEM: Need to ask for 10 Training that reflects what the actual process is, 2) job aids on the pitfalls and 30 assignment of a specialist to avoid the back and forth.

Sanilac/St Clair - Continuing management enrichment training. Labor relations, morale are some of the items covered and resulted in good conversations. Working to establish a procedures manual that will be available to everyone to encourage consistency. Currently focusing on quality issues.

Saginaw – Random Acts of Kindness are part of Employee Engagement. Co-workers can aware free casual days and certificates for popcorn. Also starting full management meetings, which encourages staff to get acquainted with others in different program areas. Have $18,000 grant for safe neighborhood grant for Pathways.

(Some discussion regarding caseloads for Pathways workers. Lapeer County is rotating Pathways worker. It is important to have someone in that position who really wants to be there.)

Clare/Isabella – Suggestion Box is well-liked by staff. Started Best Practice Committee. Local office protocols and new worker orientation. Tackling CW metrics with great progress.

Arenac/Bay – Looking at expanded Pathways vision. High number of kids in residential care. Strategizing with Judge, CEO of Bay/Arenac Behavioral Health and the Health Dept. Director along the lines of a school-based health center that would incorporate mental health. Focusing on Employee Engagement activities. Have Director's Advisory Committee, which is currently Kim and front line staff. Kim is doing Director's orientation.

Huron/Lapeer/Tuscola – Working on hiring. Strategic planning underway and offsite meeting planned. Employee engagement activities in each unit.

Clinton/Eaton – Team building exercise went well. Need to make sure staff all know each other. Seeing improvement in metrics. Clinton is one of the FIP drug testing counties. Some issues with EDM on these pilot cases. Hiring.

Ingham CW – Did Employee Engagement survey with CW workers with interesting results. Have Director's Engagement committee which meets every other month. Relaying results at quarterly staff meetings. Seems to be going well and is very positive. Mixing seasoned staff with new workers. Created stars that are awarded to staff. Almost finished with DV perpetrators contract. Secondary Trauma with Dr. Henry was well attended. Would like to have a trauma response team established.

(Robin reported that the next Program Manager meeting has Carey Adrianse and Danielle Marek scheduled to present regarding Trauma Training.)

Ingham Cash – Hiring 9 new staff; were down 16. Helping these new employees realize they are now building their career. Staff reacted to the shooting in CA. Local procedures were changed due to this, so clients will no longer be allowed in the staff area. Staff need to keep safely on their radar. Run/Hide/Fight video discussed. The link to the video is here: https://www.youtube.com/watch?v=5VcSwejU2D0 Had a problem with bed bugs and are working with the Health Department on mattress covers rather than purchasing new mattresses. Approached United Way about developing a utilities workgroup to identify gaps in the community and strategize about how they can work together.

Sanilac/St Clair – Is MRT backlogged? Appears there is a backlog since August. This affects the overall SOP. Also Fugitive Felons. ACTION ITEM: Lew will set up a call with Julie regarding CAPER and expedited issues.

Data Summit Follow Up – Lew

Look forward at what will be due. There are multiple chances to catch these. Challenge your teams. Ask the "WHY' question.

Supportive Visitation Contracts - Bruce

These are supportive visitation contracts funded by Central Office. FC supportive visitation FY13 contracts are in their last year of existence, expiring on September 30, 2016. This will be turned over to the BSCs. Bruce shared handouts. These will be 3 year contracts.

Simplifying Payments

93's, 1582's, etc. What would make it easier for Joe Worker to meet family needs with less complexity? Lew asked for names of a couple of people who could help with this.

Best Practices for Hiring

Kim and Lew are on a committee looking at hiring. The process is taking too long and we are not getting quality hiring pools. Start with the end in mind. How do we get there? The first meeting in Friday, 1-22. From the point that a vacancy is known to the person walking in the door, what can we improve? How do we screen applicants? Review your practices that went well (and those that did not) and help them frame this discussion. Kim and Lew will share info after a couple of these meetings.

Some items discussed:

CCHP vs. county doing these processes
Requesting questions for interviews before vacancy can be posted
Pulling from universities/interns
Importance of mentor positions
Three generations working together. New grads are not looking for the same things older workers did.

Our next meeting will be in April, possibly in Owosso or Frankenmuth. We will try to incorporate a team-building event.

DHHS
235 S. Grand Ave, Suite 204,
P.O. Box 30037
Lansing, MI 48909
www.michigan.gov

BCAEO

Tel: 517 373-8896
Fax: 517 335-5042

STATE OF MICHIGAN
Department of Health & Human Services

Bureau of Community Action and Economic Opportunity (BCAEO)

Commission Report as of 2/12/16

Commission Update **Pages**

- Muskegon Oceana Community Action Partnership ---------- 2
- Flint Water Crisis Update ---------- 3
  (Genesee County Community Action Resource Department)
- Weatherization Assistance Program (RFP) ---------- 5
  (Local Weatherization Operators)
- Great Lakes Water Authority ---------- 6
  (Wayne Metropolitan Community Action Agency)
- BCAEO Update
  - Funding and Program Update---------- 7
- BCAEO Staffing Update---------- 8

Attachments:

- BCAEO Organizational Chart

Muskegon Ocean Community Action Partnership Update:

Agency:	Muskegon-Oceana Community Action Partnership (MOCAP)
Type:	Private non-profit 501c(3)
Designation:	Community Action Agency
Funding:	Community Services Block Grant
Disallowed Costs:	$234,000

Status: MOCAP and the Michigan Department of Health and Human Services (MDHHS) have arrived at a settlement. MOCAP will remain a Community Action Agency in the State of Michigan. Below is a summary of the action taken to dismiss pending legal action and discontinue the de-designation proceedings.

On January 21, 2016, the Michigan Administrative Hearings System (MAHS) received a Settlement Agreement signed by both the Chairman of MOCAP's Board and the Chief Deputy Director of MDHHS. As part of the agreement, it was stated that MOCAP agrees to dismiss its administrative appeal in this matter within ten days of the date the agreement was signed by all parties.

On January 22, 2016, MAHS received a Withdrawal of Appeal and Dismissal of Case signed by MOCAP. The Settlement Agreement provides the scope of work to be conducted to reorganized MOCAP through the development and implementation of a Quality Improvement Plan and repayment of the disallowed costs.

MDHHS, Bureau of Community Action will be working directly with MOCAP's new leadership (board and executive director) to rebuild community action in Muskegon and Oceana counties. The settlement outlines the steps we will take to ensure the agency builds capacity, improves outreach efforts and assistance, and increases grant revenues. This process will take approximately 24 months.

Flint Water Response Team Update:

- Since January 9, the following items have been distributed:
  - 281,019 cases of bottled water
  - 103,886 water filters
  - 209,439 replacement cartridges
  - 34,829 water testing kits

- U.S. Small Business Administration approves Governor Snyder's request to provide low-interest disaster loans for small businesses in Flint and Genesee County.

- State encourages food establishments to take advantage of free water safety inspections.

- Children in Flint should be tested for lead. The 9,000 children in Flint under age 6 should have their blood tested for potential lead poisoning after some water test showed lead levels in the city's water may exceed the capacity of faucet filters. Primary care doctors in Flint and the Genesee County Health Department offer lead testing of children's blood.

- Resources for Flint residents are available at: Two local MDHHS offices, Two GCCARD sites, 5 Fire Stations, City of Flint

GCCARD's Flint Water Crisis Status Update:

GCCARD will continue to provide warehousing support and distribution of the water filters and replacement cartridges. In addition to the filter distributions, GCCARD is planning for the expansion of their nutrition/commodity food programs, head start/early head start programs, and lead abatement work. These expansion efforts are currently being discussed at the state, local, and federal levels. Additional administrative funds are needed for the expansion.

Weatherization Assistance Program (RFP) Update:

Bid Start Date: 1/27/16 Questions Due Date: 2/3/16 Bid Close Date: 2/10/16

Start Date: 7/1/16

Purpose:

The purpose is to competitively bid the Weatherization Assistance Program to identify a network of quality local weatherization operators to cover all 83 counties in Michigan as recommended by U.S. Department of Energy (DOE) during the prior state plan review.

Background:

The DOE Weatherization Assistance Program (WAP) provides grants to Michigan to improve the energy efficiency of the homes of low-income families. Michigan, in turn, contract with local governments and nonprofit agencies to provide weatherization services to those in need using the latest technologies for home energy upgrades. Currently, the State has a network of 30 local weatherization operators providing weatherization assistance to low-income people.

The WAP follows DOE rules and regulations. The Program can have multiple funding sources which may have different program rules and regulations. If additional grant dollars are made available for WAP, they will be distributed under the same agreement. State of Michigan and U.S. DOE rules and regulations can be found at: www.michigan.gov/bcaeo.

Status Update:

The evaluation committee is ready to start reviewing the proposal which are due on February 10, 2016. The first review will be completed by the MDHHS contract unit, followed by a financial review for agency stability, and then a programmatic review for performance, quality, and compliance. Only bids with the score of 80 or higher will be considered. We hope to announce the selected bidders in March.

Great Lakes Water Authority Update:

As of January 1, 2016, the City of Detroit, the counties of Macomb, Oakland, and Wayne, and the State of Michigan have officially united to form the Great Lakes Water Authority (GLWA). GLWA will manage and control of regional water and wastewater services, while Detroit will retain control of water and sewer services within the City limits. The GLWA has signed a 40 year lease with Detroit for $50 million a year. The lease also provides for a $4.5 million Water Residential Assistance Program (WRAP) to help low-income customers of GLWA pay their water and sewer bills.

As of January 21, the Great Lakes Water Authority sent a letter of intent to award the contract to Wayne Metropolitan Community Action Agency as the program administrator for WRAP. Wayne Metro will sub-grant funds to their sister CAAs (OHLSA, Washtenaw, MCOP, and Macomb) to administer the WRAP program in their respective counties.

Assistance will be rendered in the form of bill payment assistance and an array of measures to enhance water use efficiency among recipient customers. Program details include:

- Client must have household gross income at or below 150% of the Federal Poverty income thresholds
- Bill assistance of up to $1,000 may be provide to qualifying clients.
- Clients with water usage at or above 20% of the average residential usage will be required to participate in a water audit and install water conservation measures
- Clients may be eligible for a one-time payment up to $1,000 in minor water related plumbing repair costs

2015 Federal Poverty Thresholds: Persons in Family/Household

	1	2	3	4	5	6	7	8
Poverty Guideline	$11,770	$15,930	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
150% of Guideline	$17,655	$23,895	$30,135	$36,375	$42,615	$48,855	$55,095	$61,335
For families/households with more than 8 persons, add $4,160 for each additional person. Source: U.S. Department of Health and Human Services, http://aspe.hhs.gov/poverty/15poverty.cfm#thresholds								

Funding Update:

Community Services Block Grant (CSBG):

CSBG FY2016 Planning Allocation		$24,622,763
CAA 90% CSBG FY2016 Planning Allocation	$22,160,487	
BCAEO Administration (5%) funds	$ 1,231,138	
Discretionary (5%) funds	$ 1,231,138	
CSBG-14 Series Year 3 FY2016 Effective Period:	Oct. 1, 2015 to Sept 30, 2016	

President Obama signed the 1.1 trillion spending bill for FY2016. The spending agreement increases CSBG funding from $673.6 million to $714.9 million, a 6 percent increase.

Weatherization Assistance Program (WAP):

DOE PY2015 Funding Allocation:		$12,862,926
DOE Program Allocation	$10,729,780	
DOE Training and Technical Assistance	$2,133,146	
DOE PY2015Effective Period:	July 1, 2015 to June 30, 2016	

President Obama signed the 1.1 trillion spending bill for FY2016. The spending agreement increases funding from $190 million to $211.6 million for WAP, representing a funding increase of $21.6 million (11 percent).

Deliverable Fuel Assistance Program (Michigan Energy Assistance Program):

LCA-13 Year 3 FY2016 Funding Allocation:	$7,000,000
LCA-13 Year 3 FY2016 Effective Period:	Oct. 1, 2015 to August 31, 2016

We have already started redistributing funds from the lower part of Michigan to the Upper Peninsula.

LIHEAP Weatherization:

LIHEAP13 Year 3 Funding Allocation:	$5,000,000
LIHEAP13 Year 3 FY2016 Effective Period:	Oct 1, 2015 – September, 2016

Carry Forward Request: BCAEO has requested $3,514,911 from fiscal year 2015 remaining balance to be carried forward into fiscal year 2016 grant award. The delay in funding was caused by a 6 month lag in the approval of the grant funding. LIHEAP office within DHHS has approved the request. We are waiting for final approval from SBO.

BCAEO Staffing Update:

The Bureau currently has 15 FTEs and 2 LTAs in place.

Recent Vacant Positions Filled:

1. Financial Monitor by Janis Tipton
2. Programmatic Monitor by Michelle Judge
3. Grant Manager by Ben Gulker

CSBG IM 144 – State Accountability Measures

State Accountability Measures:

Development of the State plan

- 1Sa. CSBG State Plan must include CSBG specific goals and strategies for State administration of CSBG
- 1Sa. CSBG State Plan must explain specific steps that State took in developing the State plan to involve the CAAs
- 1Sb. Using information from the survey, the State adjusted its plan to improve performance regarding the extent the CAAs participated in developing the State plan
- 1Sb. Using information from the survey, the State adjusted its plan to improve performance regarding how well the State plan reflects the input of the CAAs

Implementation of the State Plan

Distribution of funds

- 2Sa. The State made funds available to CAAs within 30 calendar days after the Federal award was provided, or consistently and without interruptions
- 2Sb. Using information from the survey, the State adjusted its plan to improve the quality of grant and/or contract administration

Use of remainder/discretionary funds

- 3Sa. The State used discretionary funds in accordance with the planned strategy and budget outlined in the State Plan
- 3Sb. Using information from the survey, the State adjusted its plan to improve its used of remainder/discretionary funds
- 3Sc. The State completed the training and technical assistance activities specified in its State Plan and/or made appropriate adjustments in response to unanticipated needs
- 3Sb. Using information from the survey, the State adjusted its plan to improve training and technical assistance provided to the CAAs

Grantee monitoring and corrective action

- 4Sai. The State conducted monitoring activities as directed by the CSBG Act and outlined in the State Plan
- 4Saii. The State disseminated monitoring reports to CAAs within 60 calendar days
- 4Saiii. The State reported CAAs on QIPs to OCS within 30 calendar days of the State approving the QIP
- 4Sb. Using information from the survey, the State adjusted its plan to improve monitoring activities
- 4Sc. Percent of CAAs resolved identified findings within the schedule outlined in the QIP
- 4Sd. From all CAAs single audits that require a management decision, the percent that the State issued a management decision within 6 months of acceptance of the audit report by the Federal Audit Clearinghouse

Data collection, analysis, and reporting

- 5Si. The State submits to OCS the CSBG Annual Report by the OCS established deadline
- 5Sii. The State submits to each CAA written feedback regarding their performance in meeting ROMA goals, as measured through the National Performance Indicator (NPI) data, within 60 days of submitting the report
- 5Siii. The State submits to the CAAs and the State Association information about performance on the State accountability measures, within 60 calendar days of getting feedback from OCS

Organizational standards for eligible entities

- 6Sa. "x" percent of CAAs in the State met all the State-adopted organizational standards
- 6Sb. The State had in place Technical Assistance Plans (TAP) and/or Quality Improvement Plans (QIPs) for all CAAs with unmet standards

  The State will establish a baseline percentage in the first year and, if the percentage is less than 100%, will set targets for improvement in subsequent years. First year was set at 50%.

State linkages and communication

- 7Sa. The State provided both quantitative data and examples of how the State CSBG office maintained and created linkages within State government to assure the effective delivery of services to low-income people and communities
- 7Sb. Using information from the survey, the State adjusted its plan to improve its communication efforts

CAA Satisfaction

- 8S. By 20xx, the State achieved/maintained an Overall Satisfaction score of "x"

  The State will propose a target score in the CSBG State Plan, which will be based on the results of the most recent ACSI survey of the State's CAAs

MDHHS
Michigan Department of Health & Human Services

Bi-Weekly Briefing

Date: October 14, 2015
To: PHCSA Senior Deputy, Sue Moran
From: Paula Kaiser VanDam

Population Health & Community Services Administration

October 1-14, 2015

Stakeholder/Advisory/Commission Meetings

- The 2015 Annual SOAR celebration was held October 8th. SOAR stands for "SSI/SSDI Outreach, Access and Recovery" and is a program designed to assist homeless persons with a disability obtain SSI/SSDI benefits in a timely manner. The Division of Housing and Homeless Services continues to provide training and other support to this program.
- Crime Victim Services Commission (Victim Rights) received word from the Department of Corrections to open up MI-VINE for victims to allow them to register for custody status notification. This will allow victims in Michigan to receive notifications by email, telephone or text message. Next step – Registration Link.
- ASAP- Assisting with the charter and project plan for the new ASAP system that will allow Crime Victim Services Commission to provide more efficient and timely payments to victims.
- Crime Victim Services Commission is working with DIT and a third party contractor to install the MILogin system for victims and advocates. The system will allow victims and advocates to login to an online system and submit and track their compensation claim. This will be the first time we will have an online system available for the public. Currently, victims have to mail/fax in their claims and call us to get the status of their claim. The online/MILogin project is expected to be complete by Jan. 1, 2016.

Accomplishments

- The Bureau of Community Action (BCAEO) worked with Genesee County Community Action Resource Department (GCCARD) to develop and implement a strategy to distribute water filters to Flint residents using 4 distribution sites. Staff from BCAEO and GCCARD distributed over 6,000 in the first week, set up a filter inventory system to prevent loss, and tracked all filters to application and address for non DHHS clients and DHHS clients.

MDHHS
Michigan Department of Health & Human Services

Bi-Weekly Briefing

Date: October 30, 2015
To: PHCSA Senior Deputy, Sue Moran
From: Paula Kaiser VanDam

Population Health & Community Services Administration

October 15-31, 2015

Stakeholder/Advisory/Commission Meetings

- The Michigan Domestic & Sexual Violence Prevention & Treatment Board met with First Lady and her Campus Sexual Assault Team to finalize grant selections for Michigan colleges and universities.
- The Michigan Domestic & Sexual Violence Prevention & Treatment Board presented at the International Association of Police Chiefs on Michigan's work in Sexual Assault with law enforcement.
- The paper on police response to sexual assault reports in the 400 Project was accepted by the Society of Social Work Research. Authors: Debi Cain, Drs. Becki Campbell and Jessica Shaw from MSU.
- Wayne Metro Site Visit in Detroit and Macomb County with Sue Moran and Paula Kaiser Van Dam
- Weatherization Day was held at the capital on 10/29/15
- Beth Adcock, Crime Victim Services Commission (CVSC), attended the Michigan Sheriff's Association Fall Conference on October 19 & 20 at Grand Traverse Resort. We participated in a booth with Appriss to provide Sheriff's and Jail Administrators with information regarding our automated victim notification service. Answered questions, regarding system operations and victim rights. Discussed with several offices the importance of notifying us ahead of time of any anticipated booking system changes to avoid unnecessary service interruptions.
- CVSC was a major contributor to the Human Trafficking Conference held October 15 & 16 held in Dearborn. 284 individuals were in attendance from various disciplines, including but not limited to victim advocacy, prosecution, law enforcement, academia, medical community, mental health professionals and the faith community.

Emerging Issues and Public Health Responsibilities

- Muskegon Oceana Community Action Partnership – Settlement Counter Offer Pending
- Pending LIHEAP Carryforward approval from SBO

Accomplishments

- The 2015 Summit on Ending Homelessness took place October 28-29 in Livonia with approximately 400 people attending. Jennifer Ho, HUD Senior Advisor for Housing and services was the keynote speaker. Her message focused on HUD finding other funding (i.e. Medicaid) to pay for case management to get people into housing so that they can use their funding on housing (rental assistance, vouchers).
- Kris Schoenow (Bureau of Community Services & Economic Opportunity) was selected to participate in the Good Governance Leadership Program
- The Michigan Commission on Community Action and Economic Opportunity Report on Generational Poverty was posted to the website in October http://www.michigan.gov/documents/mdhhs/2015_Commission_Report_504288_7.pdf?20151030105702

- The Bureau of Community Services & Economic Opportunity developed and implemented a strategy to distribute water filters and replacement cartridges to Flint Residents using 4 distribution sites. They distributed over 10,000 filters and pitchers. Tracked all filters to application and address for non DHHS clients and DHHS clients – master list is located at the Health Department

Performance Management & Improvement

- Through Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant, consultants from Technical Assistance Collaborative (TAC) visited Michigan with the goal of assisting in evaluating the efficacy of Medicaid in providing supportive services for the homeless population as well as looking to better integrate physical and behavioral healthcare and increase collaboration between healthcare and housing.
    - Participated in meetings with 10 key stakeholders in Detroit and state-level, including Lynda Zeller and Dick Miles; Detroit Wayne Mental Health Authority; various MCOs, MCPNs, and service providers in Detroit.
    - Based on these meetings, they will provide us with key recommendations for moving forward with this work and we will continue to collaborate with our key partners on the issue.
- The Bureau of Community Services & Economic Opportunity held all staff meeting to outline the FY2016 Annual plan – distributed requirements, regulations, policy, contract language, and time line of monitoring reviews to be completed.
- Because of the enhanced oversight and audit activities related to the VOCA federal grant programs discussions were held with DHHS Audit Division about costs, hiring plan, and work plan activities related to the hiring of two audit staff to provide audit support the VOCA Grant program.

Merger and Miscellaneous

- The Bureau of Community Services & Economic Opportunity was asked to participate in a survey for the MEAP grant planning (due next week).
- Planning discussions held with DHHS Budget division to plan Appropriation increases for the VOCA Grant Program.

MDHHS
Michigan Department of Health & Human Services
Population Health & Community Services Administration

Bi-Weekly Briefing

Date: November 1-14, 2015
To: MDHHS Director, Nick Lyon
From: PHCSA Senior Deputy, Sue Moran

Stakeholder/Advisory/Commission Meetings

- The Michigan Homeless Action Council (HAC) held their quarterly meeting on 11/10/15. The HAC consists of 25 individuals representing a diverse group of shelter providers around the state. The HAC will advise the MDHHS on needs of shelters and other housing and homeless service providers throughout the state.
- The Michigan Commission on Community Action & Economic Opportunity held their quarterly meeting on 11/12/15. The Commission identified priorities areas from their report to the Governor to focus on for 2016.
- Perinatal Oral Health Advisory meeting convened on 10/29/15 discussing the new MI perinatal oral health guidelines and dissemination plan.

Emerging Issues and Public Health Responsibilities

- MDHHS continues to work closely with Genesee County Health Dept. in coordinating Flint Water Action Plan activities.
- The March of Dimes rated Michigan a "C" in prematurity rate based on the 2014 rate of 9.8% (this grade is unchanged from 2013).
- MDHHS participating in a national effort, *Alliance for Innovation on Maternal Health (AIM),* to promote consistent and safe maternity care to reduce maternal mortality. Other key partners are the national and Michigan American College of Obstetrics and Gynecology and the Michigan Health and Hospital Association.
- Sierra Leone was declared "Ebola-Free", 42 days (two incubation periods) since the release of the last survivor of Ebola from a Sierra Leone Ebola treatment unit. Michigan will no longer request that CDC provide Epi-X notices to the MDHHS. The sole remaining country with continued endemic transmission (and therefore continued monitoring) is Guinea.
- Muskegon Oceana Community Action Partnership – Settlement Counter Offer Pending.
- CVSC drafted letter for Director Lyon's signature to members of the House and Senate Appropriations subcommittees regarding the impact on the State of Michigan of the budget deal recently negotiated. It is possible that Michigan could lose over $25 million in VOCA funds during the FY 2016 Appropriations process.
- SIM is providing funding to 2016 Michigan BRFSS to increase sample size in potential SIM regions. Past year's data will be used to establish a community baseline as well.

Accomplishments

- CME presented Winnable Battles to MHEF.
- Press release on 2012 Asian/Pacific Islander BRFS Reports was released on Nov 12.
- Susanna Joy's poster presentation was awarded 3rd place at the National Pregnancy Risk Assessment Monitoring System grantees meeting.
- The Division of Environmental Health-Toxicology and Response Section partnered with Tuscola and Oakland County Health Departments and the US Environmental Protection Agency to conduct a free day-long Mercury Spill Response Training Workshop attended by firefighters, hazmat responders and local environmental public health from Prosperity Regions 3, 5, 6, 9 and 10.
- The MI Domestic & Sexual Violence Prevention & Treatment Board facilitated a training/meeting with all domestic and sexual violence programs and the U.S. Attorney's Office on Title IX issues.
- The Early Hearing Detection and Intervention (EHDI) program hosted a meeting with CDC, DHHS, DTMB, and MCIR representatives to provide a general overview of efforts to integrate data and to present information on the EHDI

HL7 and MCIR data system projects currently in process. CDC representatives impressed with Michigan data integration achievements.

- The National Coordinating Center for Children and Youth with Epilepsy conducted a site visit 11/4/15 to review the CSHCS Children and Youth with Epilepsy/Telemedicine Imitative. The site visit went very well.

MDHHS
Michigan Department of Health & Human Services
Population Health & Community Services Administration

Bi-Weekly Briefing

Date: October 1-15, 2015
To: MDHHS Director, Nick Lyon
From: PHCSA Senior Deputy, Sue Moran

Stakeholder/Advisory Commission Meetings

- The 2015 Annual SSI/SSDI Outreach, Access and Recovery (SOAR) celebration was held October 8th. SOAR is a program designed to assist homeless persons with a disability obtain SSI/SSDI benefits in a timely manner.
- Michigan Climate and Health Program staff presented with U of Michigan researchers at the Premier Public Health conference in Thompsonville on Oct 7 and with MSU Urban and Regional planners at the Michigan Association of Planners annual conference in Detroit on Oct 8.
- On October 4th and 5th Dr. Scott and Kathy Wahl presented an EMS Update at the Medical Control Seminar in Mount Pleasant and announced Dr. William Fales as the first MDHHS State EMS/Trauma Medical Director.
- CME presented about population health and MDHHS winnable battles to the tribal health directors meeting Oct. 14

Emerging Issues and Public Health Responsibilities

- Flint Lead issue: PHCSA focused on supporting Genesee County Health Department and other state departments in: data analysis, coordinating communications to the public, schools, day cares, restaurants, and health professionals; water filter distribution; protocol development for blood testing , case management, and water testing; facilitating contract for environmental lead investigations of high risk homes; and development of educational resources.
- The Hepatitis, HIV and Substance Abuse groups and Local Health Services continue to provide technical assistance and data to the 11 counties identified by CDC as high-risk for rapid HIV dissemination due to injection opioid abuse. The Hepatitis unit is working with the Bureau of Laboratories to provide free hepatitis C testing to these agencies.
- Communicable Disease Epidemiologists are working with infection prevention staff at Henry Ford Health System to investigate a cluster of salmonella infections in post-surgical patients. These infections appear to be procedurally related.
- CD Staff met with local public health and business leaders on Mackinaw Island to discuss the special challenges with TB infection that accompany resort area usage of foreign born and highly transient workforces.
- Crime Victims Services Commission (Victim Rights) received word from the Department of Corrections to open up MI-VINE for victims to allow them to register for custody status notification. This will allow victims in Michigan to receive notifications by email, telephone or text message. The next step is to develop the Registration Link.
- Crime Victims assisting with the charter and project plan for the new ASAP system that will allow Crime Victim Services Commission to provide more efficient and timely payments to victims.
- Crime Victim Services Commission is working with DIT and a third party contractor to install the MILogin system for victims and advocates. The system will allow victims and advocates to login to an online system and submit and track their compensation claim.
- Ingham County has a pending ordinance to license e-cigarette retailers under the same county licensing regulation for tobacco vendors. If passed, retailers will pay a fee and receive inspections. Those stores caught selling to minors could lose their license to sell e-cigarettes.

Accomplishments

- The Child and Adolescent Health Center Program is beginning a telehealth pilot in 6 locations throughout the state. Sites will be using state of the art telehealth equipment that will link Registered Nurses in schools with mid-level providers offsite. This will allow primary care to occur in schools without the cost of having providers onsite full time. An early telehealth project in Branch County showed very positive results (https://www.youtube.com/watch?v=0TFie9cdB_8&feature=youtu.be).

- The Bureau of Community Action (BCAEO) worked with Genesee County Community Action Resource Department (GCCARD) to develop and implement a strategy to distribute water filters to Flint residents using 4 distribution sites. Staff from BCAEO and GCCARD distributed over 6,000 in the first week, set up a filter inventory system to prevent loss, and tracked all filters to application and address for non DHHS clients and DHHS clients.

MDHHS
Michigan Department of Health & Human Services
Population Health & Community Services Administration

Bi-Weekly Briefing

Date: September 15-30, 2015
To: MDHHS Director, Nick Lyon
From: PHCSA Senior Deputy, Sue Moran

Stakeholder/Advisory/Commission Meetings

- The CDC hosted Mass Antibiotic Dispensing Train-the-Trainer (MADT) Course September 16 to 18th. A representative from each LHD attended learning educational strategies to conduct training to local dispensing staff and volunteers on medical countermeasure dispensing.
- Debi Cain, MI Domestic & Sexual Violence Prevention & Treatment Board, attended a meeting with U.S. Attorney East District on Title IX issues; Debi spoke to Tribal Coalition on Domestic Violence.
- Several staff from Crime Victim Services Commission attended the three-day Victim Rights Annual Conference in Cadillac. We had the opportunity to discuss program and budget questions with several prosecutor Victim Advocates. A majority of our agencies are satisfied with their victim rights allocations.
- Beth Adcock (Crime Victim Services Commission) attended the 2015, VINE Users Conference in Louisville, KY. This conference allowed Beth to network with Project Managers from states across the country and to discuss issues and progress made within the automated victim notification arena. Beth also had the opportunity to gain feedback from other states that already have the Registration Link product. CVSC is working with DOC to bring the Registration Link product to Michigan to make victim notification user friendly for victims.
- Crime Victims made presentation about the VOCA grant program to representatives from several Michigan tribes at the Tribal Victim Summit.
- The MI Cancer Consortium set 4 priorities at its board meeting: Increase Human Papillomavirus (HPV) vaccination rates; increase colorectal cancer screening rates; increase participation of MI adults in clinical trials; and increase number of MI adults who report they received instructions about check-ups after treatment

Emerging Issues and Public Health Responsibilities

- Maternal and child health epidemiology staff analyzed the MDHHS childhood lead poisoning data to assess whether or not the switch to using Flint River water for the city of Flint impacted childhood lead poisoning levels (>= 5 micrograms per deciliter). An increase was noted after the switch but when controlling for such things as multiple tests, age of children and seasonality in a statistical model the difference was elevated but not statistically significant.
- Recent occurrence of 4 cases of Lymphogranuloma venereum (LGV). Program working with Epi to draft a health alert to increase awareness of clinical suspicion for LGV. We are in agreement that a CDC Epi-Aid is not needed at this time. We will continue to work with CDC for consultation throughout.
- Bureau of Community Action & Economic Opportunity is working with the Attorney General's Office on a LIHEAP Risk Assessment and MOCAP settlement.
- CME is working with Maryanne Udow-Phillips', Michigan Center for Research and Transformation and MHA, who are interested in developing a state-level Sepsis collaborative, so that hospitals have a consistent management approach to those who get deadly blood infections.
- CME also working with Maternal Child Health to get a state-wide collaborative developed (AIM) that will reduce maternal mortality, and will travel to DC October 19th to represent MDHHS at the national level in this initiative.
- Jackie Scott and Kathy Wahl attended the UPEMS Conference in Marquette on Friday, September 25th including a stakeholder dinner hosted by Senator Casperson with many of the rural EMS agencies represented. The agencies shared many of the unique challenges experienced by EMS providers in the UP, concerns about EMS provider recruitment and retention and reimbursement.
- Jackie Scott attended the Judiciary Committee meeting on September 22nd to be available for discussion of

SB 427 (torts; other; "Good Samaritan" law; expand to include licensed emergency medical service providers). The bill would make EMS workers on par with doctors at an accident scene.

MDHHS
Michigan Department of Health & Human Services
Population Health & Community Services Administration

Bi-Weekly Briefing

Date: September 15-30. 2015
To: MDHHS Director, Nick Lyon
From: PHCSA Senior Deputy, Sue Moran

- Jackie Scott spoke with Margaret Warner from the National Center for Health Statistics on September 23rd, to discuss Michigan's plan for change with the current Medical Examiner system. There is also a federal agency workgroup chartered for 90-days under the White House National Science and Technology Council specifically focused on data and Dr. Scott was asked to provide input on challenges and barriers and needs.
- Continue working with the MDOC to implement Registration Link for victims and their families in Michigan. This will save victims time and the confusion of having to register more than once to receive automated victim notification of custody status and court events associated with crimes committed in Michigan.

Merger and Miscellaneous

- Jennifer Lixey Terrill has accepted the Bureau of EMS, Trauma & Preparedness' Healthcare and Public Health Emergency Management & Policy Specialist position (MDHHS Emergency Management Coordinator). Jennifer is replacing Kathy Wahl in this position. Jennifer has been with at the Office of Public Health Preparedness (OPHP) since May 2008 as the Strategic National Stockpile (SNS)/Cities Readiness Initiative (CRI) State Coordinator.

	A	B	C	D	E	F	G
1	**Requestor**	**Agency**	**Type**	**Related Line Item or Issue**	**Date Requested**	**Req #**	**Assigned to:**
2	Frances Carley	SFA		Restricted Funds	10/24/2011	2011-1024	
3	Frances Carley	SFA		Sexual Assault Prevention Funding	12/19/2011	2011-1219	
4	Senator Caswell	Senator Caswell		SACWIS procurement process and the Unisys contract history	2/13/2013	2012-0213-1	ABM
5	Frances Carley	ABM/Sen. Caswell		Medicaid/FIP Recipients	7/25/2012	2012-0725	

	H	I
1	**Internal Due Date**	**Due Date**
2		
3		
4		
5		

	J
1	**Description of Request**
2	I've received some additional questions regarding the list of restricted funds that you helped me out with a few weeks ago. First, I'd like to request some information about The Sexual Assault Victims' Medical Forensic Intervention and Treatment fund and the Children's Advocacy Center fund. I need the following information for both FY 2009-10 and FY 2010-11: 2. The sources of the funding. This information is specified in the public acts. 3. If the money is distributed to outside organizations, which organizations received money and how much did each receive? 4. Is the $1.0 million appropriated to each the maximum that the funds are authorized to collect each year? To confirm, the Child Support Bench Warrant fund was repealed and is no longer functional, correct? At the close of FY10, there was about $465,000 remaining in the fund. Where did it go? Did it roll into the GF in FY 11? The restricted revenue carry forward to FY 2011 was only $10,473.06 not $465,000. All of the bench warrant funds including that amount were paid out to counties in FY 10. In FY 2011 there were some very small amounts paid in and we received approx. $30,000 of unspent bench warrant amount back from the counties. We refunded any amounts incorrectly paid in and the unspent amounts that were returned to us. Any fund still remaining, for any reason, would lapse to the general fund. And I remember speaking to you about the Licensing Fees previously, but don't believe I asked how long it has been inactive and whether there is any point to keeping it open. Could you please respond to these questions as well? Licensing fees are collected, but are reflected as federal program revenues. There isn't a deduct in the budget currently. Standing statute allows for the collection of the fees. Could you please respond to the 3 questions below? I also have an additional question: you've confirmed that the licensing fee fund isn't active, but could you tell me why it isn't active and give me some history on that?
3	Thanks, Amanda. I just have a couple of follow up questions: 1. Have any contracts been established for the Sexual Assault Prevention funding? Contracts were executed in July 2011. a. Could you please also give me the names of the vendors that received the contracts and the amount of each contract? 2. I also have an additional question that got lost in the last email: you've confirmed that the licensing fee fund isn't active, but could you tell me why it isn't active and give me some history on that? And next week sounds great for the lapse estimates.
4	Frances, Senator Caswell requested additional information at the February 13 subcommittee hearing about the SACWIS procurement process and the Unisys contract history.
5	Provide monthly caseload data on the number/percent of FIP cases that are also receiving Medicaid? Need YTD numbers, as well as data that goes back 2-3 fiscal years.

	K	L
1	**Resolution/Response**	**Close Date**
2	Each of these funds are legislatively authorized in the attached Public Acts. Spending from the funds was prohibited by statute until 2011, as the funds were given time to accumulate assets. 1. a. In 2010, the Child Advocacy Centers fund had $1.9 million in total funding. Again, no funds could be spent until 2011. The department has established contracts to begin spending these funds per statutory direction. In 2011, approximately $2.3 million was collected in the fund. b. In 2011, the Sexual Assault Victims' Treatment Fund had $2.7 million in total funding. Again, no funds could be spent until 2011. The department has established contracts to begin spending these funds per statutory direction. In 2011, approximately $3.3 million was collected in the fund. 2. This information is specified in the public acts. 3. see attachments 4. The $1 million was established as a placeholder pending actual spending amounts. However, the department was unable to begin spending from the funds until 2011. Please see the public acts for additional information The restricted revenue carry forward to FY 2011 was only $10,473.06 not $465,000. All of the bench warrant funds including that amount were paid out to counties in FY 10. In FY 2011 there were some very small amounts paid in and we received approx. $30,000 of unspent bench warrant amount back from the counties. We refunded any amounts incorrectly paid in and the unspent amounts that were returned to us. Any fund still remaining, for any reason, would lapse to the general fund. Licensing fees are collected, but are reflected as federal program revenues. There isn't a deduct in the budget currently. Standing statute allows for the collection of the fees.	11/21/2011
3		12/19/2011
4	Frances, Senator Caswell requested additional information at the February 13 subcommittee hearing about the SACWIS procurement process and the Unisys contract history. I have attached three documents from DTMB, outlining the original (and standing) contract with Unisys for SACWIS development. As you can see, the contract provides for four separate cost groups: (1) base functions for about $29 million – negotiated down from $39 million; (2) Banked hours for change notices, like the Young Adult Voluntary Foster Care Program for about $10.9 million; (3) Additional features in the system at about $3.4 million; and (4) Additional reporting capability at $3 million. The total contract has been $47 million since its inception, and it has not changed since signature by the administrative board. Please see the attached information for additional detail. Thank you and please let me know if you have any further questions. Amanda	2/26/2013
5	\\Hcs084vsnbpf009\dhs2\LANSING\HOME\RancourL\!!!!!DHS\Tracking Logs\Copy of Req2277_FIP Cases with MA.XLS	7/26/2012

	M
1	**Comments**
2	
3	
4	Attachments sent and saved into the following directory under Legislative Log 2013-0213-1: S:\BUDGET\Tracking Logs\Files
5	File sent to Frances Carley

	A	B	C	D	E	F	G
6	Frances Carley	SFA		Medicaid/FIP Recipients	7/30/2012	2012-0730	
7	Robert Schneider	HFA		Home Help Ballot Proposal Part 1	10/2/2012	2012-1002	
8	Frances Carley	SFA		Restricted Funds Questions	10/4/2012	2012-1004	ABM
9	Robert Schneider	HFA		Home Help Ballot Proposal Part 2	10/5/2012	2012-1005-1	

	H	I
6		
7		
8		
9		

	J
6	##########
7	HFA is working on analyses this week of each of the ballot proposals that will be before voters in November, including the proposal related to the creation of the Michigan Quality Home Care Council related to Home Help Services. We were wondering if DHS has looked at the proposal in terms of any potential impacts on the Department. My colleague, Steve Stauff, is working on the analysis and has inquired with DCH, but we wanted to check with you as well. Let us know if the Department has any information or analyses that might be relevant. Does DHS see the proposal having any substantive effects on its administration of the program?
8	Amanda, I've received some additional questions regarding the list of restricted funds that you helped me out with a few weeks ago. First, I'd like to request some information about The Sexual Assault Victims' Medical Forensic Intervention and Treatment fund and the Children's Advocacy Center fund. I need the following information for both FY 2009-10 and FY 2010-11: Each of these funds are legislatively authorized in the attached Public Acts. Spending from the funds was prohibited by statute until 2011, as the funds were given time to accumulate assets. 1. Total funding/assets deposited into each fund Please note, this information is updated regularly in MAIN, funds 7298 and 7298 in appropriation 72390 and 72700. a. In 2010, the Child Advocacy Centers fund had $1.9 million in total funding. Again, no funds could be spent until 2011. The department has established contracts to begin spending these funds per statutory direction. In 2011, approximately $2.3 million was collected in the fund. b. In 2011, the Sexual Assault Victims' Treatment Fund had $2.7 million in total funding. Again, no funds could be spent until 2011. The department has established contracts to begin spending these funds per statutory direction. In 2011, approximately $3.3 million was collected in the fund. 2. The sources of the funding. This information is specified in the public acts. 3. If the money is distributed to outside organizations, which organizations received money and how much did each receive? See attachments. 4. Is the $1.0 million appropriated to each the maximum that the funds are authorized to collect each year? The $1 million was established as a placeholder pending actual spending amounts. However, the department was unable to begin spending from the funds until 2011. Please see the public acts for additional information. To confirm, the Child Support Bench Warrant fund was repealed and is no longer functional, correct? At the close of FY10, there was about $465,000 remaining in the fund. Where did it go? Did it roll into the GF in FY 11? The restricted revenue carry forward to FY 2011 was only $10,473.06 not $465,000. All of the bench warrant funds including that amount were paid out to counties in FY 10. In FY 2011 there were some very small amounts paid in and we received approx. $30,000 of unspent bench warrant amount back from the counties. We refunded any amounts incorrectly paid in and the unspent amounts that were returned to us. Any fund still remaining, for any reason, would lapse to the general fund. And I remember speaking to you about the Licensing Fees previously, but don't believe I asked how long it has been inactive and whether there is any point to keeping it open. Could you please respond to these questions as well? Licensing fees are collected, but are reflected as federal program revenues. There isn't a deduct in the budget currently. Standing statute allows for the collection of the fees. Thanks, Frances
9	**Q:** Can you find out what the average monthly caseload was for Home Help Services in FY 2011? Steve has total payment information, but nothing related to caseload. In the analysis, he wanted to include the number of clients served by the program. Home Help caseload data doesn't appear in the recent annual and trend reports. We're hoping someone in DHS might have that number.

	K	L
6	Per ABM: There is not a specific reason identified at this time. There are a number of factors that contribute to Medicaid eligibility, and they do not necessarily coincide with FIP eligibility requirements. There are different income, asset, and other programmatic factors that impact eligibility for one program and not the other. For example, an ineligible grantee on FIP would not be eligible for FIP Medicaid, but may qualify as an individual for another category of Medicaid, while the children in the case are in a separate Medicaid category. Or the ineligible grantee may not qualify at all. Further, FIP data is housed primarily as a case, while Medicaid is housed as recipients, creating some disconnect when comparing data. As you know, the trend report also includes additional information about the number of FIP clients receiving Medicaid for ongoing information.	11/19/2012
7		
8	Amanda, I've received some additional questions regarding the list of restricted funds that you helped me out with a few weeks ago. First, I'd like to request some information about The Sexual Assault Victims' Medical Forensic Intervention and Treatment fund and the Children's Advocacy Center fund. I need the following information for both FY 2009-10 and FY 2010-11: Each of these funds are legislatively authorized in the attached Public Acts. Spending from the funds was prohibited by statute until 2011, as the funds were given time to accumulate assets. 1. Please note, this information is updated regularly in MAIN, funds 7298 and 7298 in appropriation 72390 and 72700. a. Again, no funds could be spent until 2011. The department has established contracts to begin spending these funds per statutory direction. In 2011, approximately $2.3 million was collected in the fund. b. In 2011, the Sexual Assault Victims' Treatment Fund had $2.7 million in total funding. Again, no funds could be spent until 2011. The department has established contracts to begin spending these funds per statutory direction. In 2011, approximately $3.3 million was collected in the fund. 2. The sources of the funding. This information is specified in the public acts. 3. See attachments. 4. The $1 million was established as a placeholder pending actual spending amounts. However, the department was unable to begin spending from the funds until 2011. Please see the public acts for additional information. To confirm, the Child Support Bench Warrant fund was repealed and is no longer functional, correct? At the close of FY10, there was about $465,000 remaining in the fund. Where did it go? Did it roll into the GF in FY 11? The restricted revenue carry forward to FY 2011 was only $10,473.06 not $465,000. All of the bench warrant funds including that amount were paid out to counties in FY 10. In FY 2011 there were some very small amounts paid in and we received approx. $30,000 of unspent bench warrant amount back from the counties. We refunded any amounts incorrectly paid in and the unspent amounts that were returned to us. Any fund still remaining, for any reason, would lapse to the general fund. And I remember speaking to you about the Licensing Fees previously, but don't believe I asked how long it has been inactive and whether there is any point to keeping it open. Could you please respond to these questions as well? Licensing fees are collected, but are reflected as federal program revenues. There isn't a deduct in the budget currently. Standing statute allows for the collection of the fees. Thanks, Frances	11/21/2012
9		

	M
6	
7	
8	Attachments sent
9	

	A	B	C	D	E	F	G
10	Robert Schneider	HFA		Home Help Ballot Proposal Part 3	10/5/2012	2012-1005-2	
11	David Marvin	Senator Caswell		15 ESI Positions	10/8/2012	2012-1008-2	
12	Frances Carley	Senator Caswell		Restricted Funds and Medicaid Funding	10/10/2012	2012-1010	

	H	I
10		
11		
12		

	J
10	As a follow-up on the home help caseload data request, I did see your current caseload fact sheet includes "Independent Living Services" in the Adult Services category (August caseload of 59,353). **Q:** Is this essentially the Home Help caseload, or is it a combination of Home Help caseload and clients receiving other IL programs/services? See the link: http://michigan.gov/documents/dhs/FIA-FactSheet_389389_7.pdf **Q:** If 2011 Home Help caseload data isn't available, could we confirm whether 59,353 essentially represents the current August Home Help caseload? That would give us something to point to.
11	So, have all 15 ESI positions (UIA employees working for MRS) been eliminated or have some been rehired? Were the UIA employees in the ESI positions slated to be laid off regardless of MRS moving to DHS because of recent layoffs at UIA or were the ESI lay-offs part of the MRS transfer? Is there a plan to rehire the ESI positions in the future?
12	Senator Caswell has asked me to follow up on his questions regarding restricted fund sources (9/21/12). They are listed below. • Please provide a list of all FY12 expenditures/contracts for each restricted fund in the DHS budget. o As I mentioned before, I am able to help mitigate some of the work on this request by running reports in Business Objects, if you give me the information to do so (i.e. run a report on GAAP expenditures for the Rape Prevention line in order to obtain expenditures from the Sexual Assault Victims fund) • What is the name of the restricted fund source in the Child Support transfer? o Please provide a list of expenditures from the fund in FY 12 and FY 11. The Senator would also like to know DHS's process for drawing down Medicaid administrative funds and how the Department determines the claimable expenses among the various line items. Thank you, Frances

	K	L
10	Hi Bob, For 2011, the monthly caseload on average was 57,525 for Home Help At this time, I do not have any additional information, but we have a request pending with our program area for any further analyses. Thank you, Amanda	10/5/2012
11	Amanda, I thought you might like responses to come from the Budget email box instead of from me. I talked to Al Pohl and have answers to the latest set of questions. See below. 1. Have all 15 ESA positions (UIA employees working for MRS) been eliminated or have some been rehired? Response: All 15 positions were originally scheduled for layoff. Three of the employees bumped into other positions within the Unemployment Insurance Agency and the Michigan Commission for the Blind. Twelve are no longer employed with the State of Michigan. 2. Were the UIA employees in the ESI positions slated to be laid off regardless of MRS moving to DHS because of recent layoffs at UIA or were the ESI lay-offs part of the MRS transfer? Response: The layoffs were a result of a UIA funding situation and had nothing to do with MRS moving to DHS. More specifically, the layoffs are tied to the loss of $1.5 million in Penalty & Interest funds. These are funds collected by UIA from employers who don't pay their unemployment taxes on time. The cash match agreement funding the Employment Service Interviewers had been in place since 1994 and allowed MRS to draw $5.6 million in federal funds. 3. Is there a plan to rehire the ESI positions in the future? UIA has no plans to rehire the positions. Due to the loss of the Penalty & Interest matching funds, DHS does not have the resources to rehire the ESI positions at this time. Susan Kangas Deputy Director, Financial Services Michigan Department of Human Services 517-373-7914	10/8/2012
12	Per ABM– Information attached. The query was very difficult to build. I believe I caught all applicable factors. One list indicates the contracts for each area; the second indicates spending. There may be some discrepancy between the list as they are for two different purposes. I hope this addresses your needs. Restricted funds listed at the following link: S:\BUDGET\Tracking Logs	11/19/2012

	M
10	
11	
12	

	A	B	C	D	E	F	G
13	Amanda Bright McClanahan	Amanda Bright McClanahan		Home Help Ballot Proposal 4	10/10/2012	2012-1010-1	C. Farrell
14	Senator Caswell	Senator Caswell		Early Childhood Programs	10/1/2012	2012-101-1	ABM
15	Senator Caswell	Senator Caswell		Follow up on Senate Hearing for MSA	10/12/2012	2012-1012	

	H	I
13		
14		
15		

	J
13	Cynthia, Are there any major impacts for us from the home help ballot proposal? Amanda
14	1. Senator Caswell would like to know which DHS programs specifically serve children ages 0-5. While most programs, such as food assistance and adoption, serve children of all ages, I believe that he would like a list of programs that are specific to this age group. From what I understand, the Children's Trust Fund provides some funding for home and hospital visits for newborns/new mothers. 2. Are there any other early childhood programs in the FY 13 DHS budget?
15	I think you have the same list, but these were the items that need follow-up for Senator Caswell that I wrote down: (1) Electronic copy of presentation – Karyn already sent (2) A detailed explanation of the SED waiver program (3) Comparison of the number of foster homes in 2011 and in 2012 (4) Results of our psychotropic oversight efforts – statistics on drug utilization, intervention efforts, reductions in utilization, etc. – when they are available (high priority for the Senator)

	K	L
13	Potentially the cost of the criminal background checks. Who is covering that cost?	10/10/2012
14	Colin, Can I get a status on this request? Thank you! Amanda From: Bright McClanahan, Amanda (DHS) Sent: Monday, October 08, 2012 10:07 AM To: Parks, Colin (DHS) Cc: Rancour, Lisa (DHS); Jakus, Tammy (DHS); Doll, Ryan (DHS) Subject: FW: Early Childhood Programs Colin, What do you think? Is this something we might be able to put together? Thanks! Amanda ========== There is currently a project under way, as required by PA 200 of 2012, Article VI, Section 1002, by the Department of Education to quantify early childhood programs serving this population across state government. The boilerplate report is not due until May 15 and includes a broad range of requirements. The Department of Human Services is currently working with MDE to provide an inventory of the services for children under age 5 supported in our budget to assist in their efforts to meet a portion of this requirement, but it is not complete. Within this context, can you give me some additional clarification about this request, particularly about priority? I want to make sure we dovetail our efforts with what we are providing to our MDE partners, but also want to make sure I understand what is needed and when to meet the Senator's needs. Thank you Frances, Amanda 11/19/12 This report is not due from MDE until May 2013 as I indicated. I do not have any preliminary information at this time. I will continue to follow up.	10/5/2012
15	Q: 1 - Karyn has sent presentation	10/12/2012

	M
13	
14	MDE report due 2013
15	

	A	B	C	D	E	F	G
16	Frances Carley	Senator Caswell		Early Childhood Programs	10/8/2012	2012-101-2	ABM Colin Parks
17	Kevin Koorstra	HFA		Meeting on Medicaid Eligibility and Freedom to Work	10/17/2012	2012-1017	K. Ferrick
18	Brenda Thomas	Senator Caswell		Early Childhood Programs	10/18/2012	2012-1018	ABM Colin Parks

	H	I
16		
17		
18		

	J
16	The Senator requested a list and brief description of all home visitation and early childhood (ages 0-3) programs in the DHS budget. He also requested the appropriated amount for each program. Given that these programs are buried within line items, however, I believe that providing him with projected spending for the current fiscal year as well as actual spending in FY 11 and FY 12 would be sufficient.
17	Karyn, HFA has been asked to write up a summary of Senate Bill 564 which revises eligibility for Freedom to Work. HFA would like to meet with you and someone from your Medicaid program office (Michelle Best?) to understand how FTW currently works and interacts with other Medicaid programs and how SB 564 would change the current program. We would appreciate a meeting sometime next week.
18	A. Senator Caswell would like to know which DHS programs specifically serve children ages 0-5. While most programs, such as food assistance and adoption, serve children of all ages, I believe that he would like a list of programs that are specific to this age group. From what I understand, the Children's Trust Fund provides some funding for home and hospital visits for newborns/new mothers. Are there any other early childhood programs in the FY 13 DHS budget? B: Per the Senator he will wait for the report MDE, please send a copy to the Senator when the report is available. Can you please let me know approximately when we can expect the report? Thanks Brenda

	K	L
16	Hi Amanda- Once again, apologies for my delay. I have put together a document for your to look at and send to Senator Caswell. Suzanne is reviewing it, and when she has completed that, I will forward it to you. In truth, we do not have anything DHS-funded which provides home visiting for this specific population (Families First, FTBS, Wraparound and other home visiting programs receive significant DHS funds and are appropriated, but they are not 0-3 specific). The summary I put together provides some details about services provided to this population which may be helpful and includes details about Early On (funded through CAPTA and IDEA, and in collaboration with MDE. Our annual cost here is limited to a partial FTE and is less than $50,000) and the 0-3 Prevention contract (the contracts for this program, which was an early childhood program which included home visiting, were terminated in September of 2011). Again, once Suzanne has reviewed it, I will forward it to you. Colin Parks Manager CPS & Family Preservation Program Office 235 S. Grand Avenue, Suite 510 Lansing, MI 48933 Phone 517-241-8297 Fax 517-241-7047	11/20/2012
17	Hi Kevin, DCH is lead agency on SB 564 and would be better suited to explain the bill as well as Freedom to Work. I have copied Karla Garcia on this email. Karyn Ferrick, Director Office of Legislative Services Michigan Department of Human Services (517) 335-3482 On Oct 17, 2012, at 11:57 AM, "DHS-BudgetServices" <DHS-BudgetServices@michigan.gov> wrote:	10/17/2012
18	Hi Frances, There is currently a project under way, as required by PA 200 of 2012, Article VI, Section 1002, by the Department of Education to quantify early childhood programs serving this population across state government. The boilerplate report is not due until May 15 and includes a broad range of requirements. The Department of Human Services is currently working with MDE to provide an inventory of the services for children under age 5 supported in our budget to assist in their efforts to meet a portion of this requirement, but it is not complete. Within this context, can you give me some additional clarification about this request, particularly about priority? I want to make sure we dovetail our efforts with what we are providing to our MDE partners, but also want to make sure I understand what is needed and when to meet the Senator's needs. Thank you Frances, Amanda	10/18/2012

	M
16	Narrative attached for Senator.
17	
18	

	A	B	C	D	E	F	G
19	Frances Carley	Senator Caswell		Medicaid Follow-up Questions	10/18/2012	2012-1018-1	ABM JP
20	Frances Carley	SFA		FIP Time Limit Stats	10/19/2012	2012-1019	ABM

	H	I
19		
20		

	J
19	Hi Amanda, Thanks for the update. I have a few additional questions from Senator Caswell regarding the Medicaid administrative funding in the DHS budget. I realize that this might require a special data pull, but if you could give me an approximate timeline for turnaround that would be helpful. I've attached an excel file that summarizes the Federal deduct for Medicaid in FY 11 and includes tabs that detail each line item under each of these budget units for reference. 1. Do you expect that the State's Medicaid Admin claims in FY 12 and FY 13 will be similar to FY 11? 2. Out of the $95 million total deduct in FY11, how much of this was directed toward enrollment/eligibility determination only? I'm not sure of the breadth of the guidelines and whether some secondary activities are allowed to be claimed (i.e. policy analysis, oversight). Please exclude these types of claims in order to focus only on direct enrollment and eligibility costs for the estimate. 3. Similarly, approximately how much of the enrollment claims were specifically for renewals and how much were specifically for new applications? 4. How many new applications and renewal applications were processed in FY 11 and, if available, FY 12? Frances
20	Amanda, Could you please send updated numbers on the FIP closures due to the time limits, including the number of cases per month that were reinstated due to the lawsuit? Does DHS have an estimated total savings for FY12 that came as a result of the policy? Please mark this request as a high priority. Thank you, Frances

	K	L
19	Sorry Amanda, With AJ's help we confirmed Title XIX admin claims should be similar to FY11. FY12 projection is $94.2 million and FY13 AFSA has $98.7 million According to Deb C Federal reporting does not get the detail necessary to breakout enrollment/eligibility determination and then new versus renewals. Staffing standards can only provide the amount of time spent by workers on Medicaid eligibility but it does breakout new versus renewal. Deb also said Michele Best may be able to provide FY11 and FY12 application information (question 4) Let me know if I can provide any additional information on this Jeremy Jeremy, Please work on the items below. I believe you will have to consult Federal Reporting and Sue and Chris up here for some assistance. Lower priority that budget development or bookclosing. Before you do any solid work, why don't you see whether the data is even available? Thanks, Amanda	11/26/2012
20	Frances, I need to ask for some clarification on this request. (1) There are currently no closures related to 60 months. I am assuming that your request below is for 48 months only. Is that correct? Or were you looking for something different? (2) I need some more clarification as well on what you are looking for in terms of savings estimates. 48 month only? What cases from the 60 months that were not reinstated as well? From what base are you looking for the savings to accrue from – 2011 final caseloads, consensus estimates from May, etc.? Thank you, Amanda --- RESPONSE: Hi Amanda, Yes, I'm looking for the 48-month closures since April. In terms of savings, I'd like the entire caseload savings (both 60 and 48-month) in FY 12 due to the closures so I think it would make sense to go with the accruals from FY 11 in terms of the base. Thanks, Frances	11/27/2012

	M
19	Response needed from Jeremy Phillips
20	George Noonan out until Tuesday October 23

	A	B	C	D	E	F	G
21	Frances Carley	SFA		FIP Time Limit Stats	10/22/2012	2012-1019-2	ABM
22	Frances Carley	SFA		EO 2012 - 15 and EO 202-16	10/25/2012	2012-1025	ABM K. Ferrick
23	David Marvin	Senator Caswell		MRS Retainment of 15 FTE's	10/8/2012	2012-108-1	

	H	I
21		
22		
23		

	J
21	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, October 22, 2012 12:02 PM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices Subject: RE: FIP time limit stats Hi Amanda, Yes, I'm looking for the 48-month closures since April. In terms of savings, I'd like the entire caseload savings (both 60 and 48-month) in FY 12 due to the closures so I think it would make sense to go with the accruals from FY 11 in terms of the base. Thanks, Frances
22	Amanda, I have just a couple of questions for you regarding the E.O.s. 2012-15 Regarding Part A and the list of ex-officio members, does the E.O. simply make technical adjustments to the language? I noticed new language that states that the members are appointed by the Governor – has this always been the case? 2012-16 Are there any plans to compensate the State Advisory Group Subcommittee members for their work? If not, is it possible that they could be compensated in the future? I know that the subcommittee members are also committee members, and that the committee members are not compensated for their work on the committee at-large. I just need to confirm that this is also the case with the subcommittee. Please mark this as a high priority. Thanks,
23	Additional Question from September 28th initial request from Senator Caswell:What does " they were detailed to MRS through an interagency agreement" mean in terms of their employment - were they laid off or retained? Thank you, David Marvin

	K	L
21	Frances, Please see the following information on FIP time limits, with the following caveats: (1) All data in Bridges for time limits is stored in a two-step process, first by whether the case closed in the prior month or not and then what the clock on the case was. Therefore, all queries are difficult to obtain and require significant verification. (2) Some of this data is point in time. It is accurate as of the pull date, but we have tried to verify the data as much as possible for consistency with previously shared data. (3) These data also include EFIP cases in addition to regular FIP. Please be careful of any cost per case calculations you try to devise based on these data. That being said, the information is as follows: (1) Savings Associated with Time Limits – 48 Months: a. 2,185 Cases lost eligibility due to the 48 month time limit, with $6,368,600 in cumulative benefit savings for FY2012. (2) Savings Associated with Time Limits – 60 Months – this data is much more intricate to decipher: a. Total universe of cases closed due to 60 month time limit previous to 6/11/2012: 14,977 b. Total number of cases that reapplied: 9,206 c. Total number of reapplications that were approved: 5,667 d. Total number of reapplications that were denied: 3,539 The applications were submitted by mid-June. However, processing lasted into August, with large retroactive benefit payments occurring in each of the last three months of the fiscal year. Total payments for the clients who reapplied for benefits and were approved, dating back to the third week in March: $ 19.4 million for 5,667 cases. An additional $9.5 million in benefits were paid out to an average of 3,648 cases that would have lost eligibility under time limits had the court injunction not been in place. The original queries I had requested for the 60 month cases are being refined, as I had some questions about some of the nuances in the data. I will forward that information as soon as I have it. Thank you, Amanda	11/27/2012
22	In response to your first question, here is a link to E.O. 2007-49 http://www.michigan.gov/granholm/0,4587,7-168-21975-182348--,00.html This is the E.O. that is being amended by E.O. 2012-15. You are correct that there are some technical changes in the language and the original E.O. did not include the phrase "appointed by the Governor." Previously, the Director or his or her designee served as the ex officio member. Regarding E.O. 2012-16, the Subcommittee members are not compensated for their work and there are no plans to compensate them for their work. KARYN FERRICK, DIRECTOR OFFICE OF LEGISLATIVE SERVICES MICHIGAN DEPARTMENT OF HUMAN SERVICES (517) 335-3482 OFFICE (517) 241-5012 DIRECT	10/26/2012
23	It means that that they were employees of the Unemployment Insurance Agency but doing working for and being paid for by MRS. The interagency agreement is like a contract between two state agencies which lays out the terms and conditions for an arrangement such as this. It is my understanding that some Employment Service Investigators were laid off prior to MRS being transferred to DHS. MRS did not initially include them in the list provided to DHS of employees laid off because they were not MRS employees (i.e., those employees would not have been transferred to DHS if they had not been laid off - they would continue to be UI employees). Susan Kangas Deputy Director, Financial Services Michigan Department of Human Services 517-373-7914	10/8/2012

	M
21	
22	
23	

	A	B	C	D	E	F	G
24	Kevin Koorstra	HFA		Book Closing Transfer Requests	11/1/2012	2012-1101	ABM K. Ferrick
25	Kevin Koorstra	HFA		Parking Lots	11/5/2012	2012-1105	ABM K. Ferrick R. Doll J. Phillips

	H	I
24		
25		

	J
24	HFA and SFA have some questions on the book closing transfer requests. Transfer 1 – Child Care Fund: Are there specific counties or types of services (e.g. in-home, foster care, county residential, private residential) that have come in higher than anticipated? Are there counties that have requested reimbursements significantly higher than compared to the previous fiscal year? Transfer 3 – Adoption Support Services: What is the federal fund source? IV-E, TANF, both? Is the transfer needed because of more private adoptions than anticipated? How many adoptions were finalized in FY12 by private agencies (if you only have a preliminary number, that is fine)? Could we get some background information on the new Post Adoption Services Contract and Adopt POS SWBC/IVE YECWS PCA codes? Are these new contracts/spending? What does YECWS stand for? Transfer 4 – Foster Care: Could we get a breakout between private funding from individuals and from the Casey Foundation? Is there a specific program the Casey funds are used for? It looks like most of the increased private revenue is coming from child support collections/SDU. Has DHS implemented new policies that have caused this increase? Can we expect this amount of child support funding to continue into future fiscal years? Does this have any impact on the amount of child support collections locals receive for child welfare that would not appear in the state budget? Transfer 6 – Field Staff: Does the field staff, salaries and wages line item need more GF/GP to provide matching funds, or are there specific federal funds that DHS is unable to claim as much as originally budgeted? If the latter, what federal claims are coming in shorter than originally projected (TANF, SSBG, LIHEAP)? Transfer 7 – CSSM: How much of the expenditures were on telecommunications and how much were on security? How much of the telecommunications needs are for the Mobile Worker Initiative? What were the anticipated versus actual security costs in FY 12? Are the security expenditures an extension of the enhanced security plans that are in place for FY 13? Thanks, Kevin and Frances
25	Amanda, Is there a list of state-owned properties that are administered by DHS that you could provide? In particular I am looking for details on a medbury parking lot in Hamtramck. What is the acreage, are there structures on the property, what is the address?

	K	L
24	Kevin, Frances, Please see the responses below. Additional information will be forwarded as well. **Please note, all of our book closing activities have been contingent upon these transfers passing. Therefore, any queries you run in MAIN at this time will likely demonstrate some very strange results for some line items as these transfers are not booked. (Just a warning – we've been struggling a bit with that ourselves over the past several days.) The issues with authorization, Kevin, that you saw in BCAL and SOAHR have been addressed.** Kevin, Bob called yesterday for some additional information on adoption support services. Does what you see below suffice or is there additional detail you need? And finally, deducts for foster care in the transfer letter match the D23 titles in the accounting system; they differ slightly from what is in the appropriations bill. Retitling them to match what is in the appropriations bill is fine. Amanda ========== HFA and SFA have some questions on the book closing transfer requests. Transfer 1 – Child Care Fund: Are there specific counties or types of services (e.g. in-home, foster care, county residential, private residential) that have come in higher than anticipated? Are there counties that have requested reimbursements significantly higher than compared to the previous fiscal year? Statewide, there were increases in the areas of In-home care, institutional care and foster care. Several counties requested increases to their original budget plans; unfortunately, the amended budgets replaced what was originally requested in the tracking system, and we cannot provide county by county detail. Overall, expenditures trended higher than was anticipated at consensus. Transfer 3 – Adoption Support Services: What is the federal fund source? IV-E, TANF, both? Title IV-E Is the transfer needed because of more private adoptions than anticipated? Yes. Initial estimate of FY12 Private Agency adoptions was 1,654. In July 2012 estimate was increased to 1,820, which was surpassed. How many adoptions were finalized in FY12 by private agencies (if you only have a preliminary number, that is fine)? Preliminary count of FY12 adoption finalizations: 2,011 Private Agency and 527 DHS, totaling 2,538. Could we get some background information on the new Post Adoption Services Contract and Adopt POS SWBC/IVE YECWS PCA codes? Are these new contracts/spending? Post Adoption Services Contracts: Eight new services contracts; contract period April 2012 – 9/30/13; for regional Post-Adoption Resource Centers; provide statewide coverage; $2.6 million per fiscal year. Program Code 2140 "Adopt POS IVE YECWS" and Program Code 2141 "Adopt POS SWBC YECWS" were established to simplify, but accurately, record the FY12 year-end account payable for adoption purchase of service contracts. A new rate structure was implemented with FY12 adoption purchase of service contracts. There are 12 program codes to identify type of payment: 6 Title IVE adoption and 6 SWBC adoption. Within each of the program codes, there are up to 8 different object codes to identify the "rate-type" that is being paid. As the FY12 payables are liquidated, the payment will be recorded in the appropriate detailed coding structure.	11/20/2012
25	Kevin, This is what we were able to find out. The parking lot address is 6821 Medbury, Detroit, MI. An appraisal completed in 1997 for the then adjacent building owner indicates that the lot is comprised of 6 contiguous parcels (7 lots) of vacant land. The site plan states that there are 71 parking spaces. Thanks, Amanda	11/20/2012

	M
24	
25	

	A	B	C	D	E	F	G
26	Frances Carley	SFA		Follow-Up Responses	11/5/2012	2012-1105-1	ABM K. Ferrick R. Doll
27	Frances Carley	SFA		LIHEAP CR 2013 Allocation	11/30/2012	2012-1130	ABM RD

	H	I
26		
27		

	J
26	Amanda, I'd like to follow up on a few outstanding requests. If you could give me an idea of when the information will be available, I'd appreciate it. These requests were not assigned log numbers, but I have included the dates on which I sent them and have listed the general topic of the inquiry. If you need me to re-send the questions, please let me know. 7/30 – Does the Department have a sense of what might be causing the decline in the percentage of FIP clients that are also on Medicaid? I'm wondering if it has to do with the increased number of applications at the local offices, or if there might have been a change in Medicaid eligibility requirements. 9/21 – Restricted Fund expenses 9/26 – FIP truancy statistics and projections – I believe that you were waiting for numbers from MDE. Is this information available yet? 10/1 – DHS programs for early childhood development and home visitation programs. I believe that you were waiting for a report from MDE, as well. Do you know when it will be available? 10/2 – Questions from the Subcommittee hearing on Medicaid and Foster Care/JJ. We've spoken about this issue, and I know that DHS is working with DCH to identify the regulations. Could you please give me a status update on this request and an idea of when you might expect to have the list? Thank you, Frances
27	Hi Amanda, I came across a report on states' LIHEAP requests for the 2013 Continuing Resolution. Under the CR, states were able to receive either 90% of their annualized 2012 block grant allocation or the amount of funding that was requested for the first two quarters of 2013. If I'm reading the report correctly, Michigan is slated to receive just 82% of the previous block grant. Is this percentage accurate? If so, will the state receive the full allocation if and when the 2013 Federal budget is in place? The report is attached for your reference. Thanks, Frances

	K	L
26	Per ABM 7/30 – Does the Department have a sense of what might be causing the decline in the percentage of FIP clients that are also on Medicaid? **I'm wondering if it has to do with the increased number of applications at the local offices, or if there might have been a change in Medicaid eligibility requirements. There is not a specific reason identified at this time. There are a number of factors that contribute to Medicaid eligibility, and they do not necessarily coincide with FIP eligibility requirements. There are different income, asset, and other programmatic factors that impact eligibility for one program and not the other. For example, an ineligible grantee on FIP would not be eligible for FIP Medicaid, but may qualify as an individual for another category of Medicaid, while the children in the case are in a separate Medicaid category. Or the ineligible grantee may not qualify at all. Further, FIP data is housed primarily as a case, while Medicaid is housed as recipients, creating some disconnect when comparing data. As you know, the trend report also includes additional information about the number of FIP clients receiving Medicaid for ongoing information.** 9/21 – Restricted Fund expenses – **Information attached. The query was very difficult to build. I believe I caught all applicable factors. One list indicates the contracts for each area; the second indicates spending. There may be some discrepancy between the list as they are for two different purposes. I hope this addresses your needs.** 9/26 – FIP truancy statistics and projections – I believe that you were waiting for numbers from MDE. Is this information available yet? **There is no projected impact at this time. The program office is continuing to look into this. The program change has not been fully programmed into Bridges at this time, so further information is still pendin**g. 10/1 – DHS programs for early childhood development and home visitation programs. I believe that you were waiting for a report from MDE, as well. Do you know when it will be available? **This report is not due from MDE until May 2013 as I indicated. I do not have any preliminary information at this time. I will continue to follow up.** 10/2 – Questions from the Subcommittee hearing on Medicaid and Foster Care/JJ. We've spoken about this issue, and I know that DHS is working with DCH to identify the regulations. Could you please give me a status update on this request and an idea of when you might expect to have the list? **I believe this has been addressed. If that is not the case, please let me know**. Thank you, Frances	11/19/2012
27		

	M
26	Attachment in the following directory: S:\BUDGET\Tracking Logs
27	

	A	B	C	D	E	F	G
28	Frances Carley	SFA		LIHEAP & Energy Assistance questions	1/7/2013	2012-1130-1	ABM KF
29	Frances Carley	SFA		LIHEAP & Energy Assistance questions	3/26/2013	2012-1130-2	ABM RD KF

	H	I
28		
29		

	J
28	Hi Amanda, With the significant changes to the energy assistance program in FY 13 – both in policy and statute – I'm working to understand how these changes might impact the energy assistance program in the upcoming year. Specifically I've been reading through the changes to the LIHEAP state plan and the new program requirements in SB 1135. My questions below are related to these policy and statutory changes. New LIHEAP Plan • The trend report shows that the number of energy assistance payments in FY 12 was approximately 500,000. Of these payments, how many were made to recipients who were at 150% of the Federal poverty guidelines? • How will the change in policy of allowing a past due notice (not just a shut off notice) to constitute an emergency impact the number of payments in FY13? Does DHS have a projected estimate? • Does DHS expect any savings with the pilot Electronic Document Management (EDM) project? If the pilot is implemented statewide, would the program result in any savings or additional costs? When is the pilot going to end? Will the Department release a report on the results of the pilot? • Between the changes to both the HHC calculations and the new maximum payment, will there be an increase or decrease in total HHC payments? By how much? • The plan to remove the $1100 crisis assistance benefit for households that are all electric – are there other benefits for electric households or is the cap removed? How many homes will be affected? What will the average benefit be? Caseload Trends • There is a 29% decline in the average number of energy assistance cases in the first two months of FY 13 as compared to FY 12. Is this due to the change in eligibility – 150% of the Federal poverty rate as opposed to 60% of the state median income, or is this decline due to other factors? • Is the decline of payments in the summer months in FY 12 (as compared to FY 11) due to restrictions on the use of the restricted fund? Is this type of trend going to continue in FY 13 for any reason, or is monthly spending expected to remain constant through the year? SB 1135 Sec. 4 – Technical questions regarding the low-income energy assistance fund – • Will LIHEAP be placed in this fund? • Will the new programs implemented be placed under a new line item and will the fund have a new deduct? Sec. 3 – New language defines services as assisting participants pay their bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy efficiency. • What are the plans for the program?
29	Good morning, I realized that I need to follow up with you on the LIHEAP funding, as the sequestration is really a separate issue from the continuing resolution. Could you please address the reasons for requesting a lower amount of funding under the resolution than the amount that the state was eligible to claim? I'm sure there are logistical reasons for doing so, but I'm not clear what they are, and the amount that was left on the table – for lack of a better phrase – was about $14 million. I realize that this funding could be drawn down next year, but if there are reasons for not making the full request this year, it would be helpful to know. Thanks, Frances

	K	L
28	Attachment sent 2/15/13 by ABM ========== Hi Frances, The program area is still working through these questions. I will get back to you as soon as possible. Thanks, Amanda	5/2/2013
29		

	M
28	see Leg Log 2013-0502
29	

	A	B	C	D	E	F	G
30	Jeffrey Cassidy	Senator Caswell		Restricted Revenue Spending	12/4/2012	2012-1204	KF ABM
31	Frances Carley	SFA		SB 1386 and Statistics	12/4/2012	2012-1204	ABM RD KF
32	Frances Carley	SFA		SB1386 Hardship Exemption	12/5/2012	2012-1205	ABM RD KF

	H	I
30		
31		
32		

	J
30	Hello Karyn, I have recently started in Sen Caswell's office and I will be working on Appropriations for the senator. He's asked me look into a few thing that he has questions about regarding Restricted Revenue Spending, which I have attached. Senator Caswell would like to see these numbers going back to FY '10 and he also has a few questions which I have listed below. Any help you could give me would be appreciated and I look forward to working with you! 1. Where does this money come from? Is this straight from the DHS budget? 2. Where does the money go? Does DHS send the money straight to the contractor? 3. What programs are being funded with this money? Does the DHS have a mechanism in place that requires periodic reports from the contractor detailing how the funds are being spent? Thanks again! Jeff Jeffrey A. Cassidy Office of Senator Bruce Caswell Phone: (517) 373-5932
31	Amanda, I'm working on an analysis of SB 1386 and would like to request some data regarding the exemptions. Do you have estimates on the number of cases that fall into the following categories?: • Recipients who are exempt from participating in the JET work program due to a medically documented disability, including a mental or physical condition • Recipients who are otherwise unable to participate in JET as determined by the medical review team • Recipients aged 65 or older • Recipients of Federal Supplemental Security Income • Recipients of retirement, survivor, or disability insurance based on disability or blindness (and recipients of these forms of insurance who are in non-pay status). • Individuals with a short-term mental or physical disability • Parents with a child under the age of 60 days in the home • Mothers in post-partum recovery up to 60 days after giving birth to a child who is not in the home • Pregnant women who are severely restricted from participating in JET during pregnancy due to medical reasons Regarding caregivers of disabled children or spouses, I've seen the bullet points for SB 1386 and the estimate that 310 caregivers would not qualify for the exemption. Thanks, Frances
32	Amanda, DHS eliminated the hardship exemption last year in the state TANF plan. Is it accurate to say that SB 1386 technically would reinstate the hardship exemption, but with new, specific parameters? Thanks, Frances

	K	L
30	Karyn, There have been several discussions about the various restricted funds in the DHS budget over the past year and a half with Frances. The attached emails include information on the Child Advocacy Centers fund and the Sexual Assault Victims Treatment Fund. Those emails also include where the funding comes from and how the funding was disbursed in 2011. The contracts have performance and reporting measures in place to ensure the funds are being spent in accordance with statute and program requirements. I have also attached the governing statutes for those two funds as a point of reference. No more than 10% can be used for administrative costs associated with overseeing the fund. No funds were expended from these funds in FY2010 due to statutory requirements. Jeff asked for some information about the restricted revenue fund sources in the DHS budget. I wasn't sure if he had seen the House Fiscal Agency's line item summary that includes explanations of fund sources. I have attached the link here for further reference. http://www.house.mi.gov/hfa/PDFs/line13dhs.pdf I have also included a spending history for each of the funds in the attached. Any further queries by line item by contract will take over 10 hours to complete. I would like to be sure that the information is required before I complete that work. Thank you, Amanda .	1/15/2013
31	Hi Frances, The best working data we have is point in time and those who are 60+ months of TANF assistance and remain active and receiving FIP. This number of adults is 5,304. The actual numbers matching the bill's items and percentages of this subset for estimating are as follows (3A-4F below correspond with MCL 400.57f(3)(a) – (4)(f)): Bill Item % Count 3A 0.00% 0 3B 0.00% 0 3C/D/G 10.71% 568 3E 0.02% 1 3F 0.00% 0 4A 0.51% 27 4B 0.28% 15 4C 0.90% 48 4D 1.04% 55 4E 1.21% 64 4F 6.37% 338 I hope this addresses your request below. KARYN FERRICK, DIRECTOR OFFICE OF LEGISLATIVE SERVICES MICHIGAN DEPARTMENT OF HUMAN SERVICES (517) 335-3482 OFFICE (517) 241-5012 DIRECT	12/7/2012
32	Hi Frances, No, SB 1386 would not reinstate the hardship exemption. Karyn Ferrick, Director Office of Legislative Services Michigan Department of Human Services (517) 335-3482	12/5/2012

	M
30	Attachments sent
31	Per ABM remove from log
32	

	A	B	C	D	E	F	G
33	Frances Carley	SFA		Path & New Michigan Works Process FIP Eligibility	12/6/2012	2012-1206	ABM RD A. Varma M. Brown
34	Frances Carley	SFA		E.O. 2012-17 - Domestic Violence Board	12/7/2012	2012-1207	ABM RD KF

	H	I
33		
34		

	J
33	Amanda, Could you please clarify/confirm my understanding of the changes to the FIP eligibility process as it relates to Michigan Works! and the PATH program? I also have a few questions regarding the changes – these are pasted below. • Changes are effective beginning January 1st. • From the time that someone applies for FIP, they have 15 days to go to Michigan Works for a scheduled orientation. How is the orientation day set? Does the individual get to choose a day and time within the 15-day window? • The 21-day application eligibility period starts on the orientation day. Applicants must spend 3 weeks performing given activities before they are approved for FIP. How many activities per week? How many meetings are Michigan Works caseworkers required to have with clients in order to determine their barriers and address issues? Are the number of meetings part of the contract? Are the MW case managers required in the contract to set up these meetings? • Two-parent families must both complete all activities before the application can be approved. • If applicants miss an activity or otherwise fail to complete each step in the process, they have to go back to the beginning and reapply. • Once the activities during the AEP (application eligibility period of 21 days) are complete, the case can be eligible. In terms of making payments retroactive, the payments begin from the first day of the pay period when applicants have completed the AEP– for example, if someone completed the 21-day AEP on February 3, the payments would be retroactive only to February 1? • An applicant is not in PATH until the eligibility is approved. Once the 21-day AEP is complete, how long does MW have to notify DHS that a client is eligible? Is there a standard of promptness for MW notification? If so, is this in the contract or does it automatically go into effect through BRIDGES? • Will the current 45-day standard of promptness for approving FIP applications from the date of application remain in effect? • Was there a pilot in Oakland County? Could you share any reports or data on the pilot outcomes? Thanks, Frances
34	Hi Amanda, I'm working on a fiscal note for a summary of E.O. 2012-17, which creates the Michigan Domestic and Sexual Violence Prevention and Treatment Board. Could you please confirm the following information: - What is the board's current per diem compensation and what were the total expenditures in FY 12 (MCL 400.1502(4))? Will this level of compensation remain in place with the E.O.? - The E.O. allows for staff support to be provided to the Board, subject to available funding. What are the resources currently provided to the Board in this capacity, and will they remain in place with the E.O.? Thanks, Frances

	K	L
33	• This policy is effective for applications received on 1-1-13 and after. • Bridges has a pre-programed database containing scheduled orientation dates, times and capacities at the MWAs. When a referral is generated, Bridges follows the above logic in sending an appointment to the client. Does the individual get to choose a day and time within the 15-day window? No, but if the client experiences difficulty, they may request an extension through their case worker. • It is determined by the assessed needs of the client determined by the MWA case manager and participant. How many meetings are Michigan Works caseworkers required to have with clients in order to determine their barriers and address issues? Weekly meetings are required. Additional meetings/communications can take place as needed. Are the number of meetings part of the contract? These meetings are part of the weekly contract the client signs. Are the MW case managers required in the contract to set up these meetings? There is a place the MWA mgr and client agree to the next meeting/appointment date on the Weekly Assignment Plan. • This is true, however, if the second parent is acting in the caregiver role, and the family is not receiving CDC, then the second parent's activity will be caring for the children after they attend the initial one or two day orientation. (This is also the current practice). • Not necessarily. This is a benefit to the improved process. If an applicant informs the MWA they have to miss an activity for a verifiable reason, the MWA can make the decision to plan the missed activity into the next week's plan. However, if the client is just not meeting their weekly requirements, then the client would be denied as failing the weekly assignment. • Payments are issued in the pay period containing the 30th day from the application. If the application becomes 30 days old and the group has not met eligibility requirements, FIP will start the first pay period when it does. For your example, this is correct. Payment would go back to Feb 1. • Two days. Is there a standard of promptness for MW notification? MWA's have two days to enter completion of orientation. If so, is this in the contract or does it automatically go into effect through BRIDGES? This is a measureable in the IA, and it is also in WDASOM and DHS policy. • Will the current 45-day standard of promptness for approving FIP applications from the date of application remain in effect? Yes. There is no change to this policy. • Was there a pilot in Oakland County? NO. Could you share any reports or data on the pilot outcomes? n/a	12/10/2012
34	Per ABM - The Board members receive no compensation but are reimbursed for mileage to meetings. - In prior years DHS supported the funding for the Executive Director and the support staff position that works with the Board. DHS stopped that support about five years ago.	12/28/2012

	M
33	
34	

	A	B	C	D	E	F	G
35	Kevin Koorstra	HFA		Data request for HFA's annual PowerPoint summary	12/11/2012	2012-1211	ABM RD
36	Frances Carley	SFA		Indigent Burial	12/13/2012	2012-1213	ABM RD KF
37	Kevin Koorstra	HFA		FIP and SSI families	12/16/2012	2012-1216	Terry Drum ABM

	H	I
35		
36		
37		

	J
35	Amanda, Every year around this time HFA updates its PowerPoint summary documents and I have 4 data requests. 1. FY12 federal deduct summary 2. FY12 TANF and TANF MOE spending 3. FY12 Child Care Fund annual report tables with days of care and expenditures 4. Days of care for each state administered juvenile justice facility (Maxey, Bay Pines, Shawono) For reference, I have attached the FY11 TANF and TANF MOE and CCF documents that DHS has provided in the past. Thanks, Kevin
36	If the Legislature were to fully fund the “Unclaimed Bodies” line, would Sec. 613 need to revert back to the previous language? Or is there new language that would work better? Would Sec. 614 need to be reinstated as well? Thanks, Frances
37	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, December 19, 2012 10:50 AM To: Bright McClanahan, Amanda (DHS); Drum, Terry (DHS) Subject: FIP and SSI families Terry, Could you provide me with a table of the number of FIP families that also include a SSI adult and the number of FIP families that include a SSI child? I know that you have been able to provided such data in the past. Thanks, Kevin

	K	L
35	From: Doll, Ryan (DHS) Sent: Friday, January 04, 2013 1:32 PM To: kkoorstra@house.mi.gov Cc: Bright McClanahan, Amanda (DHS) Subject: RE: Data request for HFA's annual PowerPoint summary Hi Kevin, Sorry for the delay, attached are the data requests for 1-3 identified below. Total day of care for each of the state administered juvenile justice facilities in FY2012 were: Maxey - 13,685 Bay Pines - 11,935 Shawano - 9,788 Thanks, Ryan Doll Manager, Budget Development and Control Michigan Department of Human Services P: (517) 335-3363 F: (517) 373-4865 dollr@michigan.gov	1/4/2013
36	Karyn Ferrick	12/13/2012
37	Hi Kevin, Attached is a FIP/SSI data table requested on December 19th. It first reflects a total FIP point-in-time caseload of 54,767. They are broken out as: FIP-Regular, EFIP and TOTAL. Within FIP-Regular cases were 12,903 SSI adults, of which 9,800 were FIP head-of-household(s). Another 4,956 FIP-regular cases housed SSI children. 1,587 FIP-Regular cases had one or more SSI adults and SSI children. Thank you, Terry	1/7/2013

	M
35	
36	Per KF was told to close, log was handled by her
37	

	A	B	C	D	E	F	G
38	Kevin Koorstra	HFA		SSI Recipients within FIP cases/households	1/7/2013	2012-1216-1	Terry Drum ABM
39	**Frances Carley**	**Bill Bowerman**		**Lawsuits Report Request**	**12/17/2012**	**2012-1217**	**ABM** **Legal** **KF** **RD**
40	Stacie Bladen	DHHS		Title IV-E Waiver	12/17/2012	2012-1217-1	ABM

	H	I
38		
39		
40		

	J
38	Thanks Terry. Is it possible to also generate a table of the number of FIP recipients that are also SSI applicants.
39	**Amanda and Karyn,** **I'm following up with you on a request from Bill Bowerman dated October 3rd regarding judgments and settlements that the Department paid out in FY12. The request is attached. He's working on compiling a report that is required under the Management and Budget Act.** **Given the original asking date and current lull in operations, as well as the additional time and work he anticipates once the submissions are complete, he'd like to have the report by the end of the week. If you could confirm the anticipated turnaround time on this request, we'd appreciate it.** **Thanks,** **Frances**
40	Good Morning, Amanda: I am working on a report to the federal government for the IV-E waiver and wanted to check with you on this. From a financial perspective, can you please tell me 1. What major barrier(s) exist to maintaining the title IV-E waiver and what strategies will we implement to address them? If possible, will you please provide a response by Thursday, Dec. 20? Thank you for your assistance, Stacie Stacie Bladen Project Manager, Title IV-E Waiver Demonstration Children's Services Administration Michigan Department of Human Services 235 S. Grand Avenue, Suite 503 Lansing, MI 48933 (517) 373-6264 (517) 303-4674 cell bladens@michigan.gov

	K	L
38	From: Drum, Terry (DHS) Sent: Wednesday, January 09, 2013 9:27 AM To: 'Kevin Koorstra' Cc: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Madsen, Patricia (DHS); Noonan, George (DHS) Subject: Is it possible to also generate a table of the number of FIP recipients that are also SSI applicants (HFA Question from Kevin) Hi Kevin, I completed (this morning) Budget's /DHS assessment of a DHS ability to cross tab current FIP recipients who have "applied for" SSI. The answer from our Data Analysis and Information Management Unit, is no ~ it is not. I mean, in some far reaching technical aspect ~ theoretically then maybe ~ but as data are currently constructed / available in the Data Warehouse … the answer is in the negative. Thanks Kevin, Terry Drum DHS Budget Division Grand Tower Suite 1503 (517) 373-6835	1/9/2013
39		
40	Hi Stacie, Thank you for contacting me about this. I think the major barriers to maintaining the Title IV-E waiver from a financial perspective will likely come from the need for additional state funds to ensure the program is able to maintain its full capacity. As we've discussed, Susan and I do not believe this program will be budget neutral from a state perspective. Whether these additional funds come from state general fund dollars or the reallocation of other federal funds in support of the waiver, the department will have prioritize funding to support the waiver and its efforts to strengthen the department's programming for at-risk children under age 5. Further barriers include the careful accounting and tracking of waiver control and experimental group expenditures and savings resulting from the waiver. As these savings are reinvested in child welfare programming (including potentially the waiver itself), DHS will have to also ensure appropriate tracking mechanisms to support continuing the waiver. These accountability and performance outcome measures will help to continue legislative support for the waiver through the appropriations process in addition to continued federal support. I did want to ask whether Budget will receive a copy of the federal reports being submitted on the waiver. We would like to be able to maintain this information in our central files in addition to our other grant, state plan, and federal funding information. Thank you, Amanda	12/28/2012

	M
38	
39	S:\BUDGET\Tracking Logs Request was not received by our office until 12/17/12 Request sent to Rebekah Visconti 12-28-12 per ABM
40	Waiting on Response regarding a copy of Federal Report

	A	B	C	D	E	F	G
41	Kevin Koorstra	HFA		FIP and SSI families	12/19/2012	2012-1219	ABM George Noonan TD
42	Frances Carley	SFA		Follow-Up Questions PATH & Medicaid	12/26/2012	2012-1226	Jeffrey Cook ABM
43	Kevin Koorstra	HFA		HB 5223 and SB 904	7/31/2012	2012-731	

	H	I
41		
42		
43		

	J
41	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, December 19, 2012 10:50 AM To: Bright McClanahan, Amanda (DHS); Drum, Terry (DHS) Subject: FIP and SSI families Terry, Could you provide me with a table of the number of FIP families that also include a SSI adult and the number of FIP families that include a SSI child? I know that you have been able to provided such data in the past. Thanks, Kevin
42	Hi Amanda, I'd like to follow up on just a few questions. A few weeks ago, I sent an email regarding Medicaid enrollment – these questions are pasted below and the excel filed is attached for your reference. I believe that Senator Caswell's questions regarding a possible Medicaid waiver were addressed (copying Jeff Cassidy on this email to confirm), but the questions on enrollment are still outstanding. I'd also like to follow up the PATH program. 1. Does PATH, or any other DHS program, specifically target non-custodial parents who are not meeting their child support payments? If a family is not receiving FIP, are there any programs to help the non-custodial parent improve job readiness/skills, etc.? 2. In terms of the interagency agreement with WDA, are the requirements of the case worker/client meetings defined (i.e., are the case workers required to set up X number of meetings within a given amount of time)? Could you please provide me with a copy of the agreement? Thanks, Frances
43	1. What percent of persons that fill out the FAST state that they might have a substance/alcohol abuse problem? I know there are 6 or so questions in that survey dealing with substance/alcohol abuse, so I am looking for the percent of persons that say "yes" or "skip" to most or all of those questions. 2.When the results of the FAST conclude that the applicant/recipient might have a substance abuse problem, what types of services is the applicant/recipient referred to? Do you also have compliance rates for persons receiving those services? 3. Has DHS determined how the new penalties in these bills will interact with the penalties for FSSP noncompliance relating to substance abuse under current law (Sec 57g)? I can foresee cases where the recipient is found to be in noncompliance with his or her FSSP as a result of testing positive for a second time.

	K	L
41		
42	Frances, Here is some additional information on these items. (1) A copy of the 2012 JET IA is attached for your reference. The 2013 IA is being revised to include PATH more fully. (2) A snapshot of application data for Medicaid is also attached. This data cannot differentiate between new and renewal applications (program changes). But it should give you an overall idea. Thank you and please let me know if you have any further questions. Amanda Family Program Policy response(FPP): 1. No. 2. This is not identified in detail with our IA, however; WDA includes this in their policy issuances. Office of Child Support response: 1. Does PATH, or any other DHS program, specifically target non-custodial parents who are not meeting their child support payments? DHS's Office of Child Support (OCS) is currently involved in two federal 1115 grants which pilot innovative strategies for assisting non-custodial parents (NCPs) and families in Michigan. These grants are: • The Retooling Michigan Child Support Enforcement Program Grant: Primary goals of the grant are to increase (number and amount of) consistent child support for families and reduce uncollectable arrears, while addressing family needs in a more holistic approach. Two pilot programs will be implemented in 11 Friend of the Court offices. Pilot programs target early and regular interventions with NCPs (and custodians), right-sizing support orders, receipt of consistent child support payments, reduction of uncollectable state-owed arrears, addressing parenting time agreements, and referring parents to community-based job skills or education programs. • REACH – Referral for Employment, Asset Development, Cooperation and Hope Grant: The grant expects to improve the financial well-being of children and educate and assist NCPs in building assets and improving their financial literacy. The grant assists families in learning financial literacy skills for daily and future needs. Community based organizations (Assets for Independence [AFI]) and a local non-profit agency [Hope Network]) partner with the Kent County Friend of the Court staff to provide financial assessment, financial management and planning, employment counseling and a referral to AFI's Individual Development Account programs for approximately 540 NCPs. 2. If a family is not receiving FIP, are there any programs to help the non-custodial parents improve job readiness/skills, etc?	3/7/2013
43		

	M
41	
42	Amanda, My staff have reviewed the 2 follow up questions from Carly and below are the responses. Please note that the FPP response answers both of Carly's follow up questions and the Child support response addresses only the 2 parts of question #1. Please let me know if you have further questions. Jeff Family Program Policy response(FPP): 1. No. 2. This is not identified in detail with our IA, however; WDA includes this in their policy issuances. Office of Child Support response: 1. Does PATH, or any other DHS program, specifically target non-custodial parents who are not meeting their child support payments? DHS's Office of Child Support (OCS) is currently involved in two federal 1115 grants which pilot innovative strategies for assisting non-custodial parents (NCPs) and families in Michigan. These grants are: • The Retooling Michigan Child Support Enforcement Program Grant: Primary goals of the grant are to increase (number and amount of) consistent child support for families and reduce uncollectable arrears, while addressing family needs in a more holistic approach. Two pilot programs will be implemented in 11 Friend of the Court offices. Pilot programs target early and regular interventions with NCPs (and custodians), right-sizing support orders, receipt of consistent child support payments, reduction of uncollectable state-owed arrears, addressing parenting time agreements, and referring parents to community-based job skills or education programs. • REACH – Referral for Employment, Asset Development, Cooperation and Hope Grant: The grant expects to improve the financial well-being of children and educate and assist NCPs in building assets and improving their financial literacy. The grant assists families in learning financial literacy skills for daily and future needs. Community based organizations (Assets for Independence [AFI]) and a local non-profit agency [Hope Network]) partner with the Kent County Friend of the Court staff to provide financial assessment, financial management and planning, employment counseling and a referral to AFI's Individual Development Account programs for approximately 540 NCPs. 2. If a family is not receiving FIP, are there any programs to help the non-custodial parents improve job readiness/skills, etc? In addition to the initiatives mentioned above, the Friend of the Court child support staff may refer NCPs (whose families may or may not be receiving FIP) to a job readiness/skills program. These programs and efforts can be found at the local level – depending on local policies, capacity and budget. While OCS does not currently provide policy, training or executive direction to Friends of the Court to make such referrals, OCS does administer federal funding for certain associated activities. Such referrals are in line with the Child Support Program Partnership's 2013-2017 Michigan Child
43	Brian Rooney/Jeff Cook Email sent from ABM-7/31/12 Brian, Jeff, We have had the following inquiry from House Fiscal Agency. Can you tell me whether this information is available or respond to these questions as appropriate? Thanks! Amanda 8/13/12 - Request sent again to Brian Rooney and Jeffrey Cook - only response was from Brian and it stated OK.

	A	B	C	D	E	F	G
44	Kevin Koorstra	HFA		HFA	9/6/2012	2012-906	
45	Kevin Koorstra	HFA		PENDING HFA	9/10/2012	2012-910	
46	Kevin Koorstra	HFA		Follow up Pending HFA requests	9/11/2012	2012-911	

	H	I
44		
45		
46		

	J
44	2- Can HFA get the quarterly federal fund source projections? 3- Sec. 604(2) requires SDA cases to meet the same asset test as FIP, but does not specifically require the budgeted income to use the same formula as FIP. So I reviewed your policy manuals to see how SDA budged income is calculated. Am I reading BEM 518 correctly that the SDA budgeted income is calculated with the new FIP issuance earned income disregard $200 and 50%? Also, BEM 214 and BEM 261 seem to say two different things on SDA group composition. BEM 214 says "an SDA eligibility determination group (EDG) consists of either a single adult or adult and spouses living together" but BEM 261 states that a caretaker of a disabled person does not have to be related to the person they are caring for and can receive SDA. Does this just mean a caretaker (either nonrelated, or caring for a child) can be eligible for SDA? Yes. Or does this mean that only spouses of disabled persons are eligible for SDA? 5- I asked about the difference between the number of youth reported in the federal Monitoring Report of 14,325 children and the 13,893 children reported for the same time period in the monthly fact sheets from the Communications office.
45	I have reviewed my list of HFA's pending requests, besides the FY12 employee supplemental question I asked on 9/6, and have compiled them below. 1- I have been reviewing the foster care data you provided and I have a question. I computed an average cost per day for state ward board and care payments during FY11 and I get around $64 per day for DHS supervised, around $34 per day for CCI, and around $60 for CPA supervised. Historically, DHS supervised care has averaged $20 per day (which is the daily average for IV-E and Temp data you provided) and CCI has averaged $185-195 per day (which is the daily average for IV-E). The total SWBC spending and the spending under the CPA columns for FY11 seem correct, so I am wondering if some of the days of care and payments might be incorrectly categorized? 2- Can HFA get the quarterly federal fund source projections? 3- When I was proofing the enrolled DHS budget I noticed in Sec. 604(2) that boilerplate requires SDA cases to meet the same asset test as FIP, but does not specifically require the budgeted income to use the same formula as FIP. So I reviewed your policy manuals to see how SDA budged income is calculated. Am I reading BEM 518 correctly that the SDA budgeted income is calculated with the new FIP issuance earned income disregard $200 and 50%? I found an old PEM 518 that states the SDA earned income disregard was $200 and 20%. Also, BEM 214 and BEM 261 seem to say two different things on SDA group composition. BEM 214 says "an SDA eligibility determination group (EDG) consists of either a single adult or adult and spouses living together" but BEM 261 states that a caretaker of a disabled person does not have to be related to the person they are caring for and can receive SDA. Does this just mean a caretaker (either nonrelated, or caring for a child) can be eligible for SDA? Or does this mean that only spouses of disabled persons are eligible for SDA? 4- How did DHS determine they needed 577 new Child Welfare FTEs? In the past I received a table that compared appropriated FTEs to current caseloads and divided by the required CRSA ratios to determine if DHS has enough appropriated staff or if DHS needs more staff. 5- I asked about the difference between the number of youth reported in the federal Monitoring Report of 14,325 children and the 13,893 children reported for the same time period in the monthly fact sheets from the Communications office. 6- I asked for information and interpretation on the drug testing bills at the request of a Member's office. Specifically:
46	As a follow up to d: what is DHS interpretation? Would the entire family FIP case be closed? And would those months count against the person's 48 month lifetime limit?

	K	L
44	3. Yes. I found an old PEM 518 that states the SDA earned income disregard was $200 and 20%. Part 2 of question 3 re: BEM 214 and BEM 261 **No.** '5. **The federal monitor's report includes "Children in Care" – children in Foster Care, Dual Wards, OTI wards, and children in the Adoption Program . In addition, the monitors cohort is pulled 30 days after the end of the period.** **The monthly fact sheet includes children in Foster Care (which includes Foster Care and Dual Wards) and is pulled 7 days after the end of the month.**	9/14/2012
45	Hi Kevin, Please see below for responses to your #6 below: What percent of persons that fill out the FAST state that they might have a substance/alcohol abuse problem? I know there are 6 or so questions in that survey dealing with substance/alcohol abuse, so I am looking for the percent of persons that say "yes" or "skip" to most or all of those questions. We do not have any data on this matter. b. It depends on the client's case status which referrals and resources might be offered. The department does not defer individuals from participation in employment activities if the sole reason for deferral request is a substance abuse issue, see MCL 400.57f(5). As a part of the family strengthening activities, DHS can assign individuals related activities, such as substance abuse treatment activities. This is also dependent on availability of programs in the area and workers taking the initiative to implement these types of services. MWA referrals/individuals do not typically have additional activities assigned in the FSSP by the DHS worker. For individuals served by the MWA- there is an option for MWA to allow substance abuse treatment activities to be counted as required hours, if it meets the defined criteria. The barrier is MWA can allow the activities, but they do not have funding to pay for them, and depending on the client's residential area, there may be limited resources for substance abuse treatment, etc. The rates are unavailable for the noncompliance component; these types of noncooperation's are compiled into the family strengthening activity and noncompliance's are not specifically identified as substance abuse treatment. c. I can foresee cases where the recipient is found to be in noncompliance with his or her FSSP as a result of testing positive for a second time. No d. The S-3 specifies on page 2, lines 24-25 that "he or she" is subject to the provisions in 57e(1) and 57g. It is very clear in 400.57g that if there is an instance of noncompliance and a penalty is imposed, the family is ineligible. KARYN FERRICK, DIRECTOR OFFICE OF LEGISLATIVE SERVICES MICHIGAN DEPARTMENT OF HUMAN SERVICES (517) 335-3482 OFFICE (517) 241-5012 DIRECT	9/11/2012
46	Since this bill has not received final passage yet, and I believe there are still unresolved issues with the bill, my input is as I stated below. MCL 400.57g is referenced in the bill and if there is an instance of noncompliance and a penalty is imposed under 400.57g, the family is ineligible.	9/11/2012

	M
44	
45	
46	

	A	B	C	D	E	F	G
47	Kevin Koorstra	HFA		HFA/SFA	9/14/2012	2012-914	
48	Frances Carley	SFA		Increase of 7.2 Million	9/18/2012	2012-918	
49	Kevin Koorstra	HFA		Gross spending in employment and training support services.	9/19/2012	2012-919-1	
50	Frances Carley	SFA		Sexual Assault Victims Fund Transfer	9/19/2012	2012-919-2	

	H	I
47		
48		
49		
50		

	J
47	SFA and HFA have the following questions concerning the September DHS transfer request. The Legislature is planning on voting on this transfer package next week, and SFA and HFA need to prepare our summaries before then. So prompt answers are requested. 1. Sexual Assault Victims fund Transfer – a. Is the $700k the full amount that was collected in the fund in FY12? Where is the additional funding for this fund coming from? Statute allows the fund to receive up to $1.0 million annually from any source. Senator Caswell wanted to know where the funding came from during last budget season, but I don't believe we received an answer. It's likely that the question will come up again with the transfer. 2. Field Staff Salaries and Wages Transfer – a. Did DHS conduct new time studies that changed the allowable Federal claims in this line? If so, what were some of the federal claims that could not be drawn down? 3. CPS Workers Transfer – a. The FY13 CPS workers line item is not increased by $6 million as the transfer description implies. Is that statement referring to the additional funding added in the child welfare staffing enhancement line item? b. How many new CPS staff were hired in FY12? 4. Exec Ops Transfer - a. Will Civil Service see a similar reduction/lapse? b. When did the cost of these staff get transferred back to DHS? 5. YIT transfer - a. The appropriation error was between the Foster Care line and the YIT line, so why is the funding not coming from the Foster Care line? b. Why is the fund sourcing different than the FY12 and FY13 enacted budget adjustments? This transfer includes more GF/GP and less federal funding. 6. Foster Care Payments and CCF transfer - a. Is the Federal fund source IV-E and TANF? 7. Employment and Training – a. What is the Federal fund source? b. Can you provide some additional information how ETSS is allocated? I thought this line item was allocated to individual local offices? If I am correct did local offices spend more than what they were allocated? 8. Child Support – a. What is the restricted fund source? What does this restricted fund usually support? b. How many temporary staff will the Department hire and for how many months? c. What is the projected cost for the communication system upgrade? 9. SOAHR – a. Are the increased costs due to the FIP closure appeals?
48	1. Would the $7.2 million only cover residential rate increases for facilities, or does the increase also include straight case management and placement services? The transfer is for the residential rate increase, the private agency training per diem, and the trial reunification funding. 2. Is this increase for the private providers exclusively? 3. Does the transfer cover costs for Private Agency Training and Trail Reunification? 4. During caseload consensus, DHS provided estimates for these programs and increases. How do the actual costs compare? The estimates were: Trial Reunification ($3,000,000), Residential Rate Change ($2,500,000) and Private Agency Training ($1,664,000) At this time, we anticipate spending on all three areas to be very close to our original estimates.
49	Is DHS projecting gross spending in the employment and training support services line item to also increase $2.5 million, or will this increase in federal TANF allow DHS to spend less GF/GP in that line item?
50	1. Sexual Assault Victims fund Transfer – a. Is the $700k the full amount that was collected in the fund in FY12? Where is the additional funding for this fund coming from? Statute allows the fund to receive up to $1.0 million annually from any source. Senator Caswell wanted to know where the funding came from during last budget season, but I don't believe we received an answer. It's likely that the question will come up again with the transfer. The attached was the information provided last year as to where the funding comes from – I have also included an additional link that verifies that information. Additional information is available on the SCAO website. http://courts.michigan.gov/scao/services/finance/2011CER-FundingSources.pdf Thank you. The pdf chart made the revenue source much more clear. To confirm, is the Justice System Fund the only source of funding for both the Sexual Assault Victims Fund and the Child Advocacy Fund? To my knowledge, yes. 2. Field Staff Salaries and Wages Transfer – a. Did DHS conduct new time studies that changed the allowable Federal claims in this line? If so, what were some of the federal claims that could not be drawn down? The department conducts time studies quarterly to determine eligible claims. Those eligible claims are then matched against available funding. LIHEAP administration funding available to support eligible expenses is much lower in the current year than it has been in the last several years. As a result, we have to fill the gap with general fund. Other federal sources may be available to support the expenditures, but if those sources are capped, we cannot assume they can be used for this purpose. The Federal Deduct for FY11 shows that the LIHEAP claims in this line were about $9.2 million. What are the projected FY12 LIHEAP claims? LIHEAP claims are projected to be less than $6 million.

	K	L
47		
48	1. The transfer is for the residential rate increase, the private agency training per diem, and the trial reunification funding. 4. At this time, we anticipate spending on all three areas to be very close to our original estimates.	9/18/2012
49	Per ABM Less GF in the line item.	9/19/2012
50	1. The attached was the information provided last year as to where the funding comes from – I have also included an additional link that verifies that information. Additional information is available on the SCAO website. http://courts.michigan.gov/scao/services/finance/2011CER-FundingSources.pdf 2. The department conducts time studies quarterly to determine eligible claims. Those eligible claims are then matched against available funding. LIHEAP administration funding available to support eligible expenses is much lower in the current year than it has been in the last several years. As a result, we have to fill the gap with general fund. Other federal sources may be available to support the expenditures, but if those sources are capped, we cannot assume they can be used for this purpose.	9/19/2012

	M
47	
48	
49	
50	

	A	B	C	D	E	F	G
51	Frances Carley	SFA		Sexual Assault Victims Fund Transfer Continued	9/19/2012	2012-919-3	
52	Frances Carley	SFA		SB1303	9/21/2012	2012-921	
53	Frances Carley	SFA		DHS reimbursement of Office of Professional Development	9/24/2012	2012-924	
54	Frances Carley	SFA		SB1240 Questions	9/25/2012	2012-925	
55	Kevin Koorstra	HFA		House Action on DHS Transfer	9/26/2012	2012-926-0	

	H	I
51		
52		
53		
54		
55		

	J
51	The pdf chart made the revenue source much more clear. To confirm, is the Justice System Fund the only source of funding for both the Sexual Assault Victims Fund and the Child Advocacy Fund? The Federal Deduct for FY11 shows that the LIHEAP claims in this line were about $9.2 million. What are the projected FY12 LIHEAP claims?
52	SB 1303, which concerns reunification procedures with a parent who will be imprisoned for 2 or more years, will be taken up in Judiciary on Tuesday. 1. Could you please give me some background on this legislation? 2. Does it put policy into statute, or does it address other issues? 3. Does the Department project any impact on the foster care caseload as a result of the bill?
53	I've received some additional information about the Civil Service program transfer to Executive Operations, but would like to clarify my understanding of the request. Civil Service indicated that they will reimburse DHS for the costs of the 4 FTEs in the Office of Professional Development at the end of the year. Is DHS requesting $195,500 because the Civil Service funding will not cover the full costs? From what we understand, SAC will take up the transfers tomorrow at 2pm.
54	I have a few questions regarding the tort and civil liability issues in SB 1240. The bill would provide immunity to private foster care and juvenile justice providers from liability from personal injury or property damage. It would also provide immunity to individuals affiliated with the agency, such as board members and the executive director. The bill also includes a presumption that the individuals are acting within their authority and states that their conduct is not due to gross negligence or willful misconduct. The bill is attached. My questions are: 1. Are these private agencies and/or individuals currently liable for damages? 2. How many agencies/individuals have been sued for such damages in the past 10 years and what were the circumstances? 3. Who would then be liable for these damages? The State? 4. How much would one such case cost the State? 5. How viable is the presumption that an individual's conduct is not gross negligence and is not willful misconduct? What if the Licensing Bureau in DHS finds that the conduct was gross negligence and the Bureau seeks to revoke a license? Would this statute interfere with these proceedings, possibly opening the State to more lawsuits for keeping a potentially dangerous facility open? Additionally, SB 1242 would allow DHS to have access to SCAO records if a child has died. Would DHS incur any IT or travel expenses, or other expenses in order to gain access to this research?
55	Amanda and Susan, The latest HFA has heard from House leadership is that the DHS transfers will not be on the House Appropriations agenda until early November. As you know HFA does not set the agenda for these meetings, so I would have to defer to the Appropriations Chair's office if you have any inquiries or requests relating to the transfers not being on the House Appropriations agenda. I have let House Leadership know that this delay will create cash flow issues for vendor payments and for payments to other state entities (DTMB and SOAHR). But if you have any specific concerns with this delay, I will pass those along. One specific transfer that I do not know what the implications would be is the child support enforcement transfer. Does the delay prevent those funds from being eligible for a Work Project? And if so, are there issues with appropriating those funds in FY13 instead? Thanks, Kevin

	K	L
51	1. To my knowledge, yes. 2. LIHEAP claims are projected to be less than $6 million. In addition, SSBG claims (a capped fund source) are about $4 million less. This totals the over $7 million request.	9/19/2012
52		
53	Civil Service will reimburse us, but we needed the gross authority to accept the reimbursement. Thanks and please let me know if you need anything further. Amanda	10/17/2012
54	Thank you for the information. There are issues with shortfalls in specific line items contained within the transfer, including vendor payments, payments to other state agencies, and travel reimbursements to over 500 employees. In addition, our book-closing process has been delayed substantially by this decision, creating a significant backlog in transactions needed to complete our obligations. Related to the child support work project, the request will not be booked without this transfer as there would be insufficient authorization as you note. We can subsequently ask for the funding in 2013. However, these projects have begun and a delay in securing continuing authorization is a concern. We will have to suspend our efforts pending a 2013 transfer, creating a delay in this critical upgrade project. Please let me know if you need anything further. Thank you, Amanda	10/5/2012
55		

	M
51	
52	
53	
54	
55	

	A	B	C	D	E	F	G
56	Kevin Koorstra	HFA		What the implications would be in the child support enforcement transfer.	9/26/2012	2012-926-1	
57	Kevin Koorstra	HFA		New Truancy Policy & FIP	9/26/2012	2012-926-2	ABM
58	Kevin Koorstra	HFA		Truancy Policy and Policy Bulletin 2012-016 Referral to CPS	9/26/2012	2012-926-3	ABM
59	Senator Caswell	Senator Caswell		MRS Retainment of 15 FTE's	9/28/2012	2012-928	

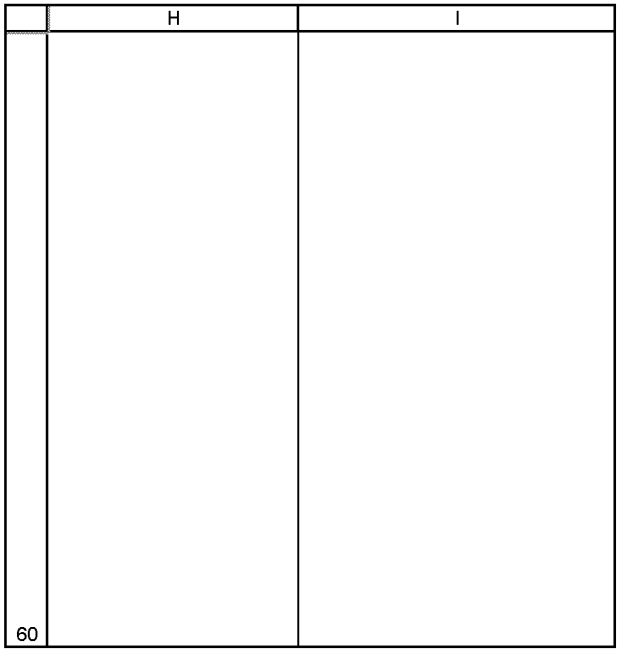
	H	I
56		
57		
58		
59		

	J
56	The latest HFA has heard from House leadership is that the DHS transfers will not be on the House Appropriations agenda until early November. As you know HFA does not set the agenda for these meetings, so I would have to defer to the Appropriations Chair's office if you have any inquiries or requests relating to the transfers not being on the House Appropriations agenda. I have let House Leadership know that this delay will create cash flow issues for vendor payments and for payments to other state entities (DTMB and SOAHR). But if you have any specific concerns with this delay, I will pass those along. One specific transfer that I do not know what the implications would be is the child support enforcement transfer. Does the delay prevent those funds from being eligible for a Work Project? And if so, are there issues with appropriating those funds in FY13 instead?
57	SFA and HFA have a few questions about the new truancy policy: 1. How many FIP cases currently have one or more truant children? 2. How many cases does DHS expect to close in FY13? 3. How many cases does DHS expect to reopen if the family becomes compliant in FY 13? 4. How will the Department deal with potential Headlee claims if school districts believe that the policy creates an additional administrative burden? FIP truancy statistics and projections – I believe that you were waiting for numbers from MDE. Is this information available yet?
58	I have one additional question. Why does CPS receive a referral if a child is not enrolled in school? The Policy Bulletin 2012-016 notes that if a child is not enrolled in school a referral must be made to CPS and the district's truancy officer, but PSM 712-6 specifically states that a complaint to CPS only alleging that the child is not attending school is not a basis for investigating child neglect and that it is inappropriate for CPS to investigate that complaint. There was a House Bill last Session (5610) that would have revised the definition of child neglect in the Child Protection Law to include the "failure to ensure the child's regular attendance at school" So without that change CPS cannot investigate any of the cases referred, correct? Kevin
59	1. Senator Caswell would like to know whether DHS will retain the Employment Service Interviewers who are being laid off at the end of the fiscal year. He understands that there are 15 FTEs statewide. 2. Will the $2.8 million that the Department is planning to request in a work project cover the salaries of these FTEs, allowing the Department to either retain or rehire the laid off staff?

	K	L
56		
57	There is no projected impact at this time. The program office is continuing to look into this. The program change has not been fully programmed into Bridges at this time, so further information is still pending.	11/19/2012
58	For context, the FIP truancy policy is intended to be a proactive measure to ensure that students are regularly attending school in an effort to alleviate generational poverty. The department did not intend it as a cost savings measure. The department does not have specific numbers to share at this time in terms of caseload impact pending information from Count Day and a comparison with our current caseload information. We will keep this inquiry in our log and follow-up when the information becomes available. Related to your subsequent inquiry, Kevin, the CPS related item below was included in the interim policy but was removed in the final policy instituted. Thank you and please let me know if you have any questions, Amanda Amanda Bright McClanahan Director, Budget and Grant Management Division Department of Human Services 517-241-9056 brighta@michigan.gov	10/5/2012
59	Please see the attached information. Based on our understanding of the lay-offs included in the attached plan, Employment Service Interviewers were not impacted. Do you have any information you could share on that point to help us better address the Senator's question? Thank you, Amanda ======= My counterpart at LARA has confirmed that the Employment Service employees that were laid off were employees of the Unemployment Insurance Agency, not MRS. However, they were detailed to MRS through an interagency agreement so that's the connection that is causing some confusion. Susan Kangas	10/5/2012

	M
56	
57	Still Pending
58	
59	H:\!!!!!DHS\DHS-Budgetservices Mailbox\ID #2012-928 Plan.pdf

	A	B	C	D	E	F	G
60	Frances Carley	SFA		Regional Centers	1/16/2013	2013-0116	ABM KF

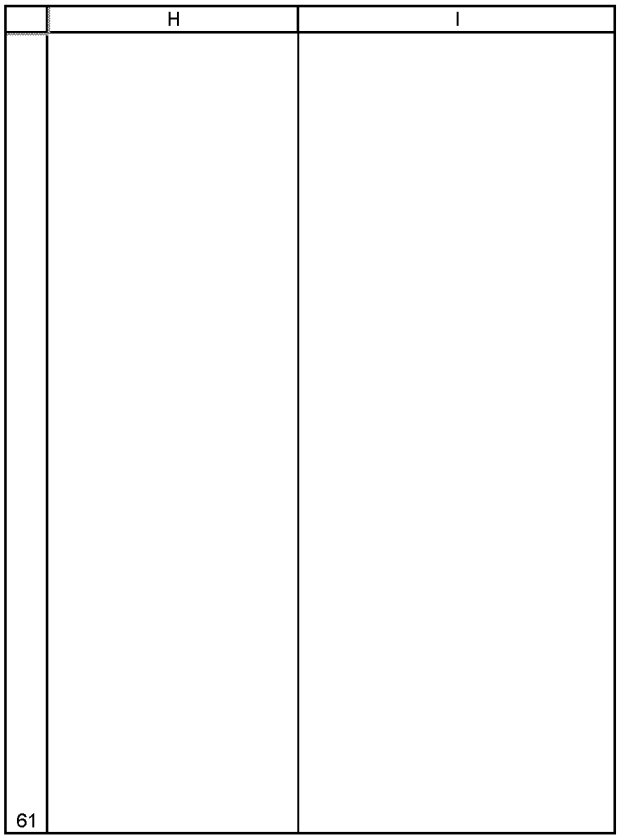

H
I
60

	J
60	Hi Amanda, Could you please send me some information on the new regional centers? If you have a summary or overview of the plans, that would be helpful. In addition to this, I have a few specific questions about the centers: 1. How many regional centers will DHS create? 2. Will the consolidation of services result in any administrative/oversight/other savings due to increased efficiencies? 3. Which programs will be administered through the regional centers rather than local offices? a) Will the Emergency Services Local Office appropriation and services move to regional centers? b) Will the Youth in Transition program move to the regional centers? c) Will volunteer services move to the regional centers? Thank you, Frances

	K	L
60	Frances, Please see the responses to your inquiries below. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, January 16, 2013 10:23 AM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Jeffrey Cassidy Subject: RE: Regional Centers Hi Amanda, Could you please send me some information on the new regional centers? If you have a summary or overview of the plans, that would be helpful. In addition to this, I have a few specific questions about the centers: 1. There are six Business Service Centers in the state. The attached map provides the locations and coverage areas of each service center. 2. These centers are intended to take the administrative functions from the counties and centralize them to allow case workers to focus more directly on traditional social work. The administrative functions included under the business centers' purview include purchasing, human resources, accounting, and contracting. This is being implemented in a cost neutral manner. 3. All client benefit programs will continue to be administered through local offices directly. This includes all of the programs you identify below. Thank you, Frances	1/24/2013

	M
60	BSC Map attached

	A	B	C	D	E	F	G
61	Kevin Koorstra	HFA		PENDING HFA	1/22/2013	2013-0122	ABM SK KF


H
I
61

	J
61	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Monday, February 04, 2013 10:34 AM To: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: Mary Ann Cleary; Patty Hertrich; 'joehaveman@gmail.com'; Steve Stauff; Dan Dundas Subject: RE: Pending HFA requests Susan, Thank you for the responses. I know that you guys are very busy right now, so I value the time you took to email me. Some of your responses, however, do not answer my questions. Concerning the child welfare staffing enhancement: The excel tables DHS has provided only show the calculations for how much these 577 new FTEs will cost. What I am looking for are tables that show how you came up with the need for 577 new FTEs. In Amanda's email she states that: "the department compared its existing caseload ratios to the required ratios, taking into account the number of positions unable to carry a full caseload for a variety of reasons, training and vacancy being two of those causes. We then compared that calculated need to the number of supportable FTEs in the 2012 appropriation." I want to see the detailed worksheet of this calculation that Amanda mentions. Concerning SB 1386: Karyn's email does not address my question of "are the months a client receives TANF funded CDC-only (i.e. that client is not receiving TANF funded FIP) that is coded as assistance in Business Objects already being tracked and counted within Bridges?" All I am looking for is a "yes" or a "no". Whether there are 1,000 CDC-only clients or 0 CDC-only clients, I imagine that the Auditor General's office will say that Bridges needs to have some type of tracking mechanism in Bridges for this law. Concerning the question about DHS program staff contact list: I will work with Frances at SFA to come up with a list of program areas. One comment. It would have been helpful for the fiscal agencies to know that we would have to provide you with that list three months ago. I had assumed that DHS was working on that list and that is why it was taking so long to get a response to this question. Thanks again. Kevin From: Kangas, Susan (DHS) [mailto:KangasS1@michigan.gov] Sent: Friday, February 01, 2013 6:02 PM To: Kevin Koorstra; Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: Mary Ann Cleary; Patty Hertrich; 'joehaveman@gmail.com' Subject: RE: Pending HFA requests Hi Kevin, Thanks for writing to inquire about the status of HFA requests. We're committed to providing answers as timely and accurately as possible, but you're always welcome to do a status check if there's anything that is particularly pressing or you wonder when a response is forthcoming. I'll address your inquiries one-by-one: June 12, concerning child welfare enhancement: As included in the attached email ("Pending and New HFA requests, sent to you by Amanda Bright McClanahan on 6/29/12), the department's methodology did not follow prior year practices as the items described have changed. The methodology and calculations were shared both by DHS and the State Budget Office.

	K	L
61		

	M
61	

	A	B	C	D	E	F	G
62	Kevin Koorstra	HFA		Question about federal funds in FY12	1/30/2013	2013-0130	ABM

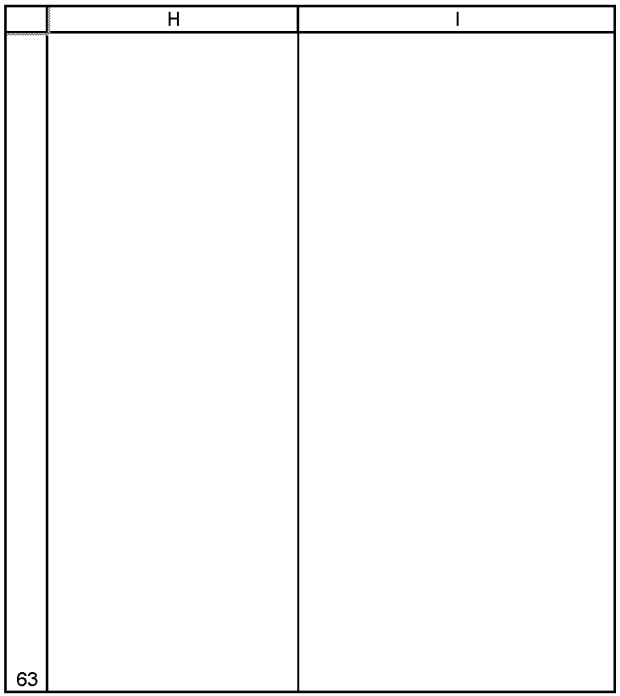
	H	I
62		

	J
62	Amanda, I have been reviewing FY12 spending, and in particular I have been comparing the amount of federal expenditures that Business Objects reports and the amounts in the deduct summary by line item. I know that those two numbers will not always line up to the penny, but there are a few line items (11010, 11800, 62300, 74100, 74640, 74750, and a couple smaller lines) where the deduct summary shows federal deducts that are significantly higher than the federal expenditures within Business Objects. I know that this isn't a new phenomenon, and I remember asking Jane about this a few years ago. My question is, what is the actual fund sourcing for those line items? Is it the fund sourcing that shows up in Business Objects or the Deduct summary? As an example, for the FY12 adoption subsidy line item, was it funded with $133.8 million federal and $79.4 million GF/GP (Business Objects) or $143.2 million federal (deduct summary) and $70.0 million GF/GP? If the accurate fund sourcing is the deduct summary, does SBO have to sign off on categorizing federal revenues as GF/GP within Business Objects? I do have 2 specific line item questions. 1) Can the state claim TANF MOE on TANF eligible adoption subsidies? I ask because in FY12 $43 million in federal TANF was used for adoption subsidies but the FY13 adoption subsidy line item only appropriates $31.9 million in federal TANF. 2) I am having a difficult time trying to figure out how 11800 (SOAHR) was fund sourced. The deduct summary for this line shows $1.1m TANF, $1.2m XIX admin, $1.5m FAP, and about $6,000 in other federal revenues ($3.9 million total). If I calculate the amount of GF/GP used for MOE or match, I get $2.9 million. And if I add in the CCDF IDG I get a Gross 11800 amount of $7.5 million, but the gross expenditures in Business Objects is only $6.3 million. I am sure I am not calculating this line item correctly (does it relate to FAP over issuance collections?), so could you help me figure out how this line item was fund sourced in FY12? Thanks, Kevin

	K	L
62	Hi Kevin, A few responses to your questions – I know we talked in person about a few of these, but here you go. Business objects is the correct financing as we discussed. (1) A state can use federal TANF or state MOE funds to provide adoption subsidies to needy parents of an adopted child who is not eligible for federal Title IV-E adoption assistance. The adoption established a parental relationship. However, because the Adoption Subsidy program was not part of Michigan's former Title IV-A and related state plan, the new spending test applies. That means only spending above what was spent on the program in 1995 could be counted toward the state's MOE requirement. (2) For SOAHR – this is the financing. a. The department does not identify match or MOE by line item, but by our total claims department-wide. Defining these line by line is not something we do – it is more by function. b. Financing – $3,546,875 in general fund; $800,000 in the MDE IDG; $1,993,100 in federal i. FAP Admin - $772,614 ii. Medicaid Admin - $638,926 iii. TANF - $578,425 iv. All other federal - $3,135 c. There is an excess federal revenue here as we have discussed. Thanks Kevin and please let me know if you have any further questions. Amanda --- Hi Kevin, Our TANF MOE specialist has been out of the office on vacation – I am working to get a response to your question below on adoption subsidies. The official fund sourcing for any line item would be what is reflected in MAIN (we call it the general ledger.) Therefore, business objects is correct. That is what feeds into the CAFR. The deduct summaries will include both what is in the federal ledger and then any additional federal revenue earned that could not be used for a variety of reasons. It could be insufficient spending authorization, changes in federal funding sources at year end, or deferred revenue that is recognized in the next fiscal year. I am looking at those specific line items below and we can further about those lines if you have specific questions. I will forward the SOAHR financing in a separate email. Thanks! Amanda	2/5/2013

	M
62	SOAHR financing sent in separate email per ABM\

	A	B	C	D	E	F	G
63	Dan Dundas	House Republican Policy Office		LIHEAP State Plan and Statute Question	1/31/2013	2013-0131	ABM KF

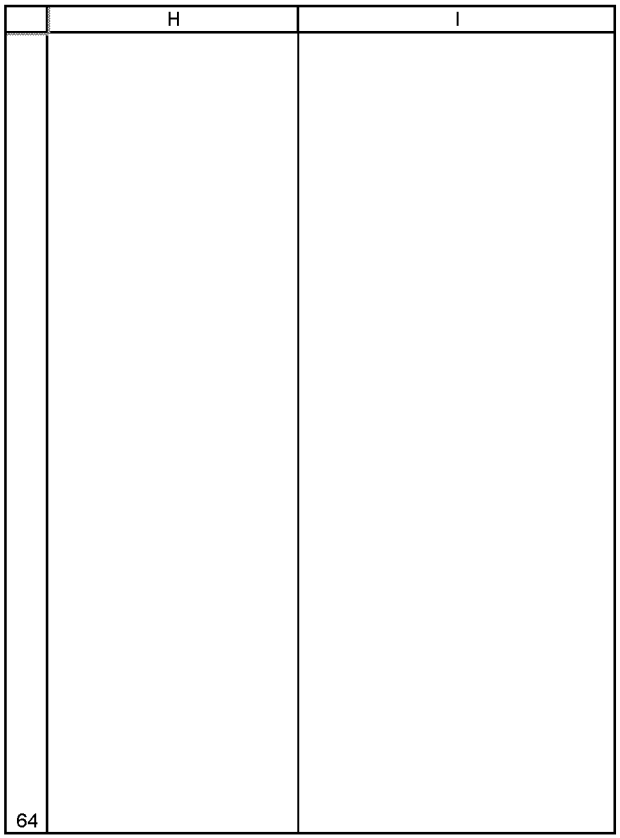

H
I
63

	J
63	Hi Amanda and Karyn, I've recently noticed a possible issue with the LIHEAP funds for weatherization I wanted to bring to your attention. MCL 206.527a deals with the use of the Home Heating Credit and allocations of funding for the Low Income Home Energy Assistance Program (LIHEAP). The HHC is utilized according to the statute so long as LIHEAP funds are available and subtracted from funds utilized for administration, crisis assistance, and weatherization. The weatherization language was added in 2004 under PA 334 of 2004 (HB 5798 - Rivet). As introduced the bill's purpose was to clarify that utilities could credit a customer's account with payments from government or social service agencies towards the account if the customer was in shutoff protection. Sometime during the committee process in the House, the then Family Independence Agency came forward and identified an issue with the bill they wanted resolved: the Income Tax Act provisions did not allow for the use of LIHEAP funds for weatherization, only administration and crisis assistance. I'm basing this on staff notes from our office. Thus, FIA would be excluded from utilizing the weatherization funds from LIHEAP. Prior to this change in law, the notes indicated that FIA only used LIHEAP contingency funds for weatherization, upon receipt from the federal government. FIA recommended that the department be capped at using not more than $9 million in LIHEAP funds for weatherization. Again, I'm not sure if that is an accurate statement, it's just what I have from our office notes. Here is the language in MCL 206.527a(18): …"As used in this subsection, "amount available for the home heating credit" means the sum of the federal low income home energy assistance program block grant allotment for this state for the federal fiscal year beginning in the tax year and the amount as certified by the director of the department of human services carried forward from the immediately preceding fiscal year for the low income home energy assistance program block grant minus the sum of the amount certified by the director of the department of human services for administration of the low income home energy assistance program block grant, the amount certified by the director of the department of human services for crisis assistance programs, and the amount certified by the director of the department of human services for weatherization. Except as otherwise provided in this subsection, the amount used for weatherization each fiscal year shall not exceed $9,000,000.00 less the amount used for weatherization from the emergency contingency funds received in the immediately preceding year. For the 2004-2005 state fiscal year only, the amount used for weatherization shall not exceed $9,000,000.00 and shall not be reduced by the amount used for weatherization from the emergency contingency funds received in the immediately preceding year."… I think, based on the information I have available and the statute, DHS is limited to no more than $9 million in LIHEAP funds to be used for weatherization. The FY2013 LIHEAP State Plan currently allocates 15% to weatherization which I believe exceeds $9 million. I wanted to bring this to your attention in the event I'm either misreading the statute or that a fix may be needed. Dan

	K	L
63		

	M
63	

	A	B	C	D	E	F	G
64	Kevin Koorstra	House Republican Policy Office		LIHEAP State Plan and Statute Question	2/1/2013	2013-0131-1	ABM KF B. Rooney J. Cook

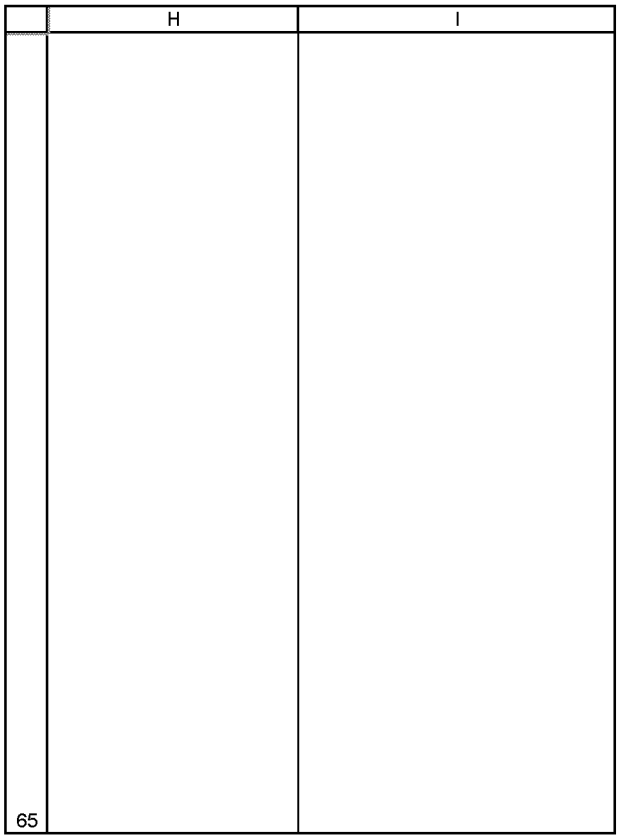

H
I
64

	J
	Amanda and Karyn, Dan's question on LIHEAP caused me to re-read DHS's policy and administrative codes on SER, which has led to a question somewhat related to Dan's question. What fiscal year energy cap has authority, the Administrative Code or DHS Policy manuals? DHS policy manual ERM 301 establishes fiscal year energy caps of $450 for natural gas and wood, $850 for deliverable fuel, $450 for non-heating electric, and $450 for combined electric. While the Administrative Code 400.7031 and 7032 establishes fiscal year energy caps of $160 for natural gas and wood, $300 for deliverable fuel, $250 for non-heating electric, and $410 for combined electric. I assume there is either a federal law or a state law that allows DHS supersede the Administrative Code energy caps, but it would be most helpful if you could provide me with the citation. In past fiscal years the DHS budget had boilerplate section 603(2) that allowed DHS to revise the Administrative Code energy caps. Thanks for your help, Kevin From: Dan Dundas Sent: Thursday, January 31, 2013 11:53 AM To: brighta@michigan.gov; ferickk@michigan.gov Cc: Kevin Koorstra Subject: LIHEAP State Plan and Statute Question Hi Amanda and Karyn, I've recently noticed a possible issue with the LIHEAP funds for weatherization I wanted to bring to your attention. MCL 206.527a deals with the use of the Home Heating Credit and allocations of funding for the Low Income Home Energy Assistance Program (LIHEAP). The HHC is utilized according to the statute so long as LIHEAP funds are available and subtracted from funds utilized for administration, crisis assistance, and weatherization. The weatherization language was added in 2004 under PA 334 of 2004 (HB 5798 - Rivet). As introduced the bill's purpose was to clarify that utilities could credit a customer's account with payments from government or social service agencies towards the account if the customer was in shutoff protection. Sometime during the committee process in the House, the then Family Independence Agency came forward and identified an issue with the bill they wanted resolved: the Income Tax Act provisions did not allow for the use of LIHEAP funds for weatherization, only administration and crisis assistance. I'm basing this on staff notes from our office. Thus, FIA would be excluded from utilizing the weatherization funds from LIHEAP. Prior to this change in law, the notes indicated that FIA only used LIHEAP contingency funds for weatherization, upon receipt from the federal government. FIA recommended that the department be capped at using not more than $9 million in LIHEAP funds for weatherization. Again, I'm not sure if that is an accurate statement, it's just what I have from our office notes. Here is the language in MCL 206.527a(18):
64	..."As used in this subsection, "amount available for the home heating credit" means the sum of the federal low income home energy assistance program block grant allotment for this state for the

	K	L
64	For a long time we had boilerplate sec 603(2) that gave us clear authority to adjust caps. Last year this was taken out for some reason, but I do not believe this is a problem, it would just be nice to have it still there. Be that as it may, I have two responses: First, MCL 400.6(3) gives DHS the authority to bypass the rulemaking process "in order to establish income and asset limits, …, and payment standards for assistance programs administered under this act. Policies developed under this subsection are effective and binding on all those administered under this act. Policies described in this subsection are exempt from rule promulgation requirements. …" Cap adjustments are payment standards. SER is one of the assistance programs administered under this act (SWA). Second, a weaker argument and one that I would not probably share is that if policy made outside of the rulemaking process where it is required that is not challenged within 2 years of being published becomes de facto enforceable and effective. Please let me know if you have any further questions. R/ Brian ++ Further, the spending plan is different than the state plan. The spending plan starts with the 9 million once revised. The state plan allows for up to 15%, but that is only if available. Sent from my iPad On Feb 4, 2013, at 15:28, "Baker, Amanda J. (DHS)" <BakerA3@michigan.gov> wrote: > That was my interpretation of the statute as well. The current "SBO approved" LIHEAP spending plan limits the amount to be used for Weatherization at ~$8.2M. I am working on a revision to the LIHEAP spending plan, per my conversation with Susan last Friday. I have not read anything that limits additional funding to Weatherization later in the fiscal year if a re-allocation of LIHEAP dollars takes place. > > It appears from reading Dan's email below that he is not looking at the most current version of the LIHEAP spending plan (the one that SBO approved). > > AJ > _____ > From: Rooney, Brian (DHS) > Sent: Monday, February 04, 2013 11:30 AM > To: Bright McClanahan, Amanda (DHS) > Cc: Cook, Jeffrey A. (DHS); DHS-BudgetServices; Ferrick, Karyn (DHS); Doll, Ryan (DHS); Kangas, Susan (DHS); Baker, Amanda J. (DHS) > Subject: Re: LIHEAP State Plan and Statute Question > > The LIHEAP block gray allows for 15% in the state plan. We put in the state plan that we would be able to use up to that amount. The state statute caps the initial allocation of LIHEAP to $9 m, which is what the spending plan agreed to by SBO will do. I believe Dan is wrong about the cap being absolute though, I have read that stature in its entirety to say that weatherization was could get more than $9 million if there were extra funds, but it was to be capped at 9 in the beginning to make sure the other areas were covered. >	2/4/2013

	M
64	

	A	B	C	D	E	F	G
65	Dan Dundas	House Republican Policy Office		LIHEAP State Plan and Statute Question	2/15/2013	2013-0131-2	ABM KF RD

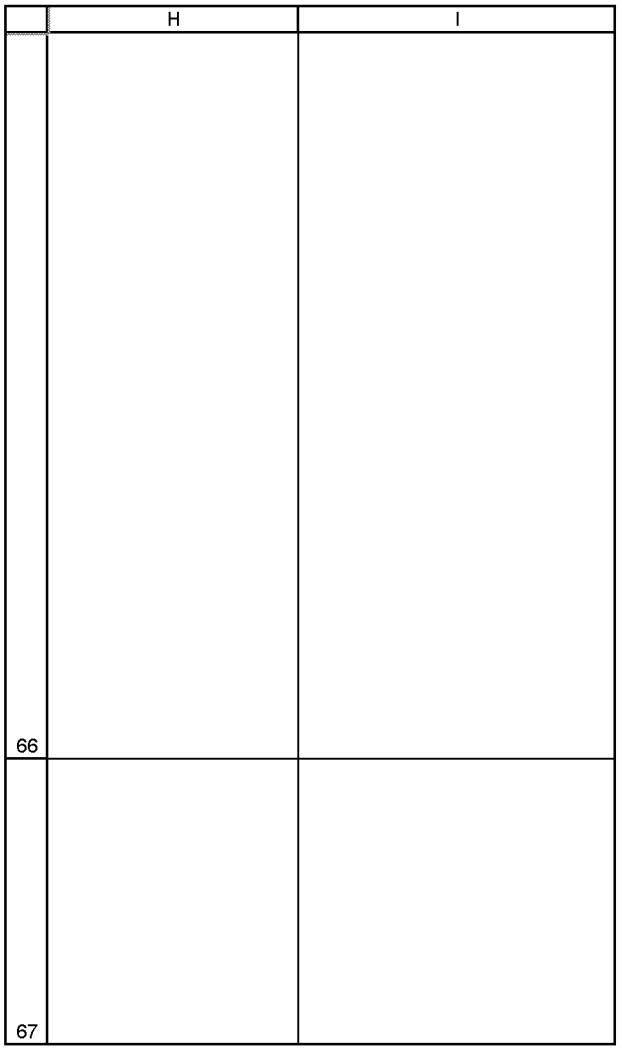

H
I
65

	J
65	I also had a follow up. I though the state LIHEAP plan was telling the federal government what we will spend, not what we are authorized to spend? Reading the federal code on LIHEAP: "(d) Expending of funds. The State shall expend funds in accordance with the State plan under this title [42 USCS §§ 8621 et seq.] or in accordance with revisions applicable to such plan." 42 USC 8624(d) Is there a rule or guidance from the feds that I am likely missing that allows us to set the parameters for spending, realizing we may never hit that target? I recognize its impossible with such a large grant to know to the dollar how much we will expend in each area with a need-based service. Thank you again for your responses. Dan

	K	L
	Dan Since LIHEAP is not base line budgeted, it is hard to know how much we will get as a state every year. We still do not know what our total amount will be or even if the Feds will claw back some of the money they have already given, which is a possibility especially with sequestration. That is why the Fed provision you sited allows for revisions to the plan, which we will make when we know exactly what our dollar situation is. Please let us know if you have any further questions. Brian Sent from my iPad ========== Dan and Kevin, Please see the responses below to your questions in blue below. If you have any further questions, please let me know. Amanda From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Friday, February 01, 2013 11:44 AM To: Dan Dundas; Bright McClanahan, Amanda (DHS); ferickk@michigan.gov Subject: RE: LIHEAP State Plan and Statute Question Amanda and Karyn, Dan's question on LIHEAP caused me to re-read DHS's policy and administrative codes on SER, which has led to a question somewhat related to Dan's question. What fiscal year energy cap has authority, the Administrative Code or DHS Policy manuals? DHS policy manual ERM 301 establishes fiscal year energy caps of $450 for natural gas and wood, $850 for deliverable fuel, $450 for non-heating electric, and $450 for combined electric. While the Administrative Code 400.7031 and 7032 establishes fiscal year energy caps of $160 for natural gas and wood, $300 for deliverable fuel, $250 for non-heating electric, and $410 for combined electric. I assume there is either a federal law or a state law that allows DHS supersede the Administrative Code energy caps, but it would be most helpful if you could provide me with the citation. In past fiscal years the DHS budget had boilerplate section 603(2) that allowed DHS to revise the Administrative Code energy caps. Response: MCL 400.6(3) gives DHS the authority to bypass the rulemaking process "in order to establish income and asset limits, …, and payment standards for assistance programs administered under this act. Policies developed under this subsection are effective and binding on all those administered under this act. Policies described in this subsection are exempt from rule promulgation requirements. …" Cap adjustments are payment standards. SER is one of the assistance programs administered under this act (Social Welfare Act). 65 Thanks for your help,	2/18/2013

	M
	Response from ABM
65	

	A	B	C	D	E	F	G
66	Frances Carley	HFA		Follow Up Questions on Tuesday's Hearing	2/1/2013	2013-0201	ABM KF B. Dixon R. Visconti
67	Frances Carley	SFA		FIP Caseload Data Request	2/5/2013	2013-0205	ABM RD

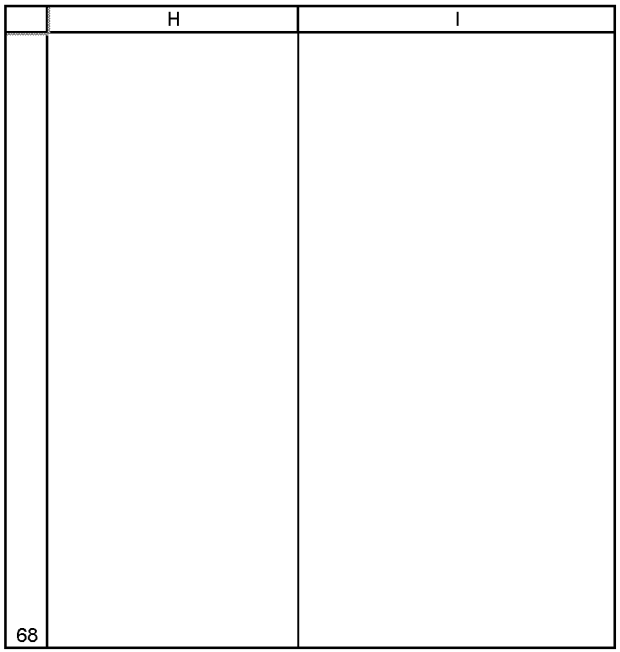

H
I
66
67

	J
66	Bobi, Rebekah, I know much of this information has been given to the committee. We did have a few follow-up questions from the Senate Fiscal Agency as well. Could I please ask for your assistance in answering these are you are able? Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, February 01, 2013 11:02 AM To: Bright McClanahan, Amanda (DHS) Cc: Ferrick, Karyn (DHS); DHS-BudgetServices; Jeffrey Cassidy Subject: Follow-up questions on Tuesday's hearing Hi Amanda, I put together a few questions regarding the pilot project at Spectrum to clarify my understanding of the process. I've also included a list of the items that the subcommittee requested from the Department at the hearing. Spectrum Pilot Program • Is the pilot exclusively designed for disability cases or are the 8 workers who are stationed at Spectrum also working on non-medical cases? • Are all of these workers Donated Funds Positions? Or are some out-stationed Field Staff? • If the program expands, will all of the workers be Donated Funds Positions, Field Staff, or some combination of the two? • What percent of Medicaid applications are for disability cases, both throughout the state and also at this particular site? • The average turnaround time for disability determination for Medicaid is 18 months. What is the average time for non-medical cases? Confirmation of Subcommittee Requests: • A written summary of all three definitions of "Medicaid pending." • A written explanation of the process for the 2nd review and the changes that are in place with the pilot (and how these relate to SHRT and MAHS reviews). • Medicaid Lean Process RFP – a copy has been obtained through the state website. Thanks, Frances
67	Hi Amanda, I have a request regarding FIP caseload data. Could you please send me a break down of cases by the number of people per case? Please also identify whether the individuals are children or adults. If you have this information available as a monthly caseload trend for FY12 and FY13 YTD, I would prefer to see it this way. If not, however, a point-in-time report for each month over the past year would be sufficient. Please let me know if you have any questions. Thank you, Frances

	K	L
66		
67	Frances, This is the information I have received. It is point in time data. Will this meet your needs? Amanda	2/26/2013

	M
66	
67	Attachments saved in director under Legislative Tracking Log # 2013-0205: S:\BUDGET\Tracking Logs\Files

	A	B	C	D	E	F	G
68	Frances Carley	SFA		Weatherization Legislative Report	2/6/2013	2013-0206	ABM RD

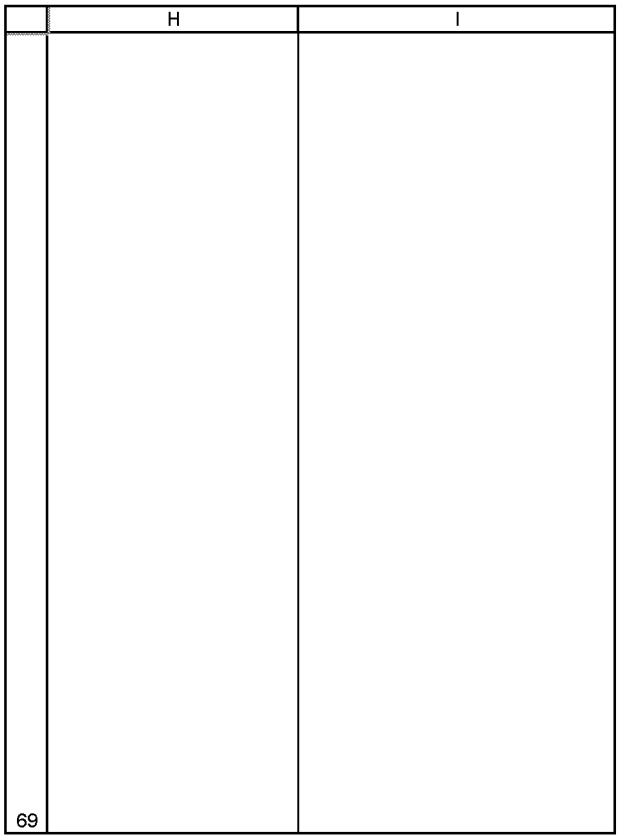

H
I
68

	J
68	Hi Amanda, I have a few questions regarding the eligibility determination for weatherization assistance. -Regarding income eligibility, is 200% of poverty level the Federal requirement? -Do states have the flexibility to add an asset test to weatherization eligibility? Does MI have an asset test in place? I didn't find any information on this. -Is it a state policy or Federal requirement that allows landlords who are not low-income to receive weatherization assistance if their current tenants are low-income and eligible for the program? Is the eligibility listed anywhere in the policy manual, by the way? I found the SER requirements, but didn't see too many specific references to weatherization. Thank you, Frances

	K	L
68	Frances, Please see the information below in response to your questions. Thank you, Amanda Below is a response to your questions. 1. Regarding income eligibility, is 200% of poverty level the Federal requirement? Yes, 200% is the DOE funding source income eligibility level. 2. Do states have the flexibility to add an asset test to weatherization eligibility? Does MI have an asset test in place? I didn't find any information on this. Per DOE, the state cannot impose any additional household eligibility tests to those found in 10 CFR Part 440, e.g. an asset test. 3. Is it a state policy or Federal requirement that allows landlords who are not low-income to receive weatherization assistance if their current tenants are low-income and eligible for the program? Per DOE regulations, rental units are eligible if they meet the household income eligibility criteria and if the landlords sign a landlord agreement indicating the tenants will receive the benefits of the program (this information must be specified in cases where tenants are not directly responsible for utility payments) and the landlord must agree by signature of the Landlord Agreement: • to the weatherization being done on the property and to allow access to said property for these activities • that the property is not currently offered for sale and that notification to the local agency of the subsequent sale or conversion of the building- if this happens during the tenure the landlord must reimburse the full cost of weatherization pro-rated by the number of months left under that agreement; • to retain the current rent rate for two years; • to provide the local agency with energy consumption information; • not to evict the current (eligible) tenant for a 2 year period (unless the eviction meets criteria included- nonpayment of rent, lease violations, property damage, carrying on an unlawful business. 4. Is the eligibility listed anywhere in the policy manual, by the way? I found the SER requirements, but didn't see too many specific references to weatherization. The policy items are found in the BCAEO Community Service Policy Manual. Attached is the current income eligibility item- CSPM Item 601 for reference.	2/26/2013

	M
68	Attachments saved in director under Legislative Tracking Log # 2013-0206: S:\BUDGET\Tracking Logs\Files

	A	B	C	D	E	F	G
69	Frances Carley	SFA		Exec Rec	2/13/2013	2013-0213	ABM KF RD


H
I
69

	J
	Hi Amanda, Kevin and I have combined our questions regarding the Exec Rec. They are listed below. 1. What is the projected Gross and GF/GP spending for SACWIS in FY13? How much funding was allocated to SACWIS in FY12 and how much was actually spent? 2. What is the Federal fund source for the Child Protection and Permanency increase? 3. Is the $2.0M reduction in Committee on Juvenile Justice Grants due to reduced availability of federal funds, or is the funding available but historically has not been spent in full? 4. CW Staff line rollout: In the FY 13 budget, the enhancement was allocated to CPS workers, Direct Care Workers, and 1st Line Supervisors. In the FY 14 recommendation, 2nd Line Supervisors, Education Planners and Permanency Planning Coordinators are included as well. Will this change impact the annualization of the 577.0 FTE positions or have any other technical impact on the budget (possibly in terms of needing to readjust the FTE counts)? How many staff have been hired in FY 13 in each position to date? How many more will be hired this year? Will DHS begin hiring the 2nd line sups, ed planners, etc in FY 13 or begin this hiring in FY 14 with the new budget? Could you provide the fund sourcing for the additional $3 million? 5. Pathways to Potential: how/where is it funded in FY13? Could you provide a spending plan/calculations for the total program expenses? How do the FTEs requested in FY 14 contribute to the program as it's described on the website? How do tuition reimbursements fit into the program? Any data on the program in terms of number of participating schools, outstationed social workers, and any other detail would be helpful. 6. Juvenile Justice Analyst: Please describe the reports and the type of data assessment that will be done. 7. Mobile Worker Initiative: What are the expenses that are covered in the $3M increase? 8. What will the increase in SSI Administration cover? 9. Foster Care caseload: why is the caseload so much lower than the caseload consensus projections? There are a few new programs in place that were expected to increase the caseload? 10. Please provide a description of the "Families Together Building Solutions" program. Where is it currently operating and how much funding did it receive in FY 12 and FY 13? 11. What are the expenses that will covered by the Bridges increase? Is there a spending plan? List of tasks to be undertaken? 12. What is the printing and postage increase for the National Voter Registration Act, and how does it relate to fraud prevention, detection, and recoupment? 13. Why does the AG need staff for fraud prosecution? Don't the local prosecuting attorneys do this? 14. Does the FY14 budget need to be revised to account for less IDG funding coming from MDE? Thank you,
69	

	K	L
69		

	M
69	

	A	B	C	D	E	F	G
70	Amanda Bright McClanahan	Senator Caswell		Legislative Requests from Recent Hearing	2/19/2013	2013-0219	ABM KF RD B. Rooney
71	Senator Caswell	Senator Caswell		Legislative Requests from recent Hearing - Foster Parent Notification	2/19/2013	2013-0219-1	ABM KF RD

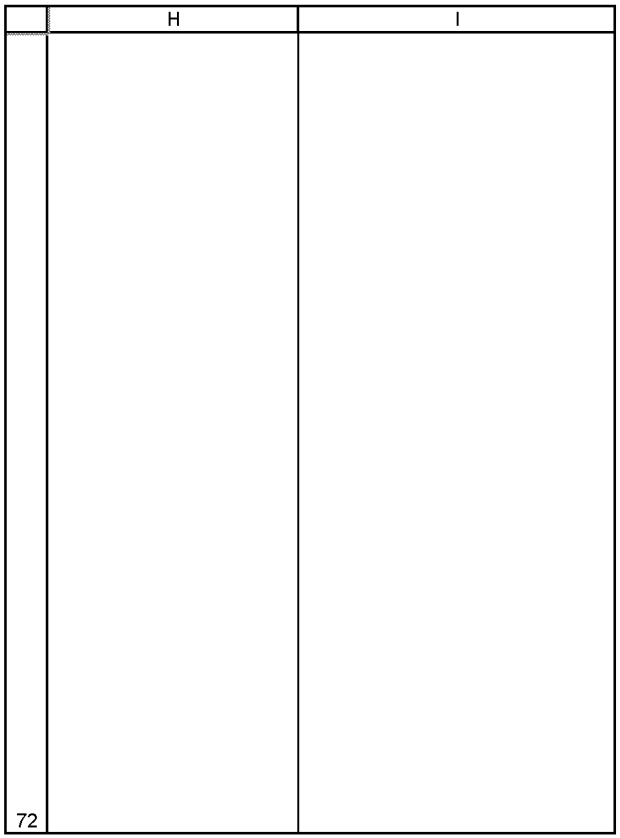
	H	I
70		
71		

	J
70	From: Bright McClanahan, Amanda (DHS) Sent: Tuesday, February 19, 2013 11:05 AM To: Schmidt, Linda (DHS); Yager, Steve (DHS); Rooney, Brian (DHS); Frisch, Erin (DHS); Kimichik, Alan (DHS); Kangas, Susan (DHS) Cc: Ferrick, Karyn (DHS); Doll, Ryan (DHS); Rancour, Lisa (DHS) Subject: FW: Legislative Requests from Recent Hearings Importance: High Please see the following requests from recent legislative hearings for follow-up. I am requesting your assistance in addressing these issues. I have flagged the items below for each program area. Please let me know if you have any questions. Thank you in advance for your assistance. Amanda Senate – IT Hearing 1 – • Is there an error rate available for the MiCSES system? If so, please provide it. CHILD SUPPORT • Are there other programmatic statistics (performance measures) available for the committee on the child support program? If so, could the committee have a copy? CHILD SUPPORT • Can the committee have a copy of the strategic plan for the Child Support program? CHILD SUPPORT • Request a tour of the MiCSES system and process for distribution. CHILD SUPPORT • Need to address Caswell misconception on SACWIS – Jim Hogan working on a write-up/BUDGET • Demonstration and tour of the SACWIS system and business process. CHILDREN'S SERVICES ADMINISTRATION House – Budget Presentation Hearing - • Total GF savings in budget from 2010 to now. BUDGET • How much of the total $900 million reduction in the past two years is general fund. BUDGET • Low-income heating assistance funding history; how much TANF was used to fix LIEEF (last five years) BUDGET • Share examples of metrics for programs CENTER FOR TRANSFORMATION • Request calculations for child welfare workers need BUDGET • How many OIG FTEs are front line investigators? INSPECTOR GENERAL • More information requested about prosecutions of fraud and success rates for recoupment of funding. INSPECTOR GENERAL Senate – Budget Presentation Hearing • More information requested about how foster parents are included in court hearings – how are notices issued? Is funding an issue? CHILDREN'S SERVICES ADMINISTRATION • What is the impact of sequestration? (Written response requested.) Are any fund sources anticipated to be block grants? What would be the impact? BUDGET Thanks, Amanda
71	Frances, At a recent hearing, Senator Caswell asked for additional information about notification of foster parents about court hearings, including department's responsibilities and policy in this area. Please see the attached information in response to this request. Please let me know if there are any further questions. Thank you, Amanda

	K	L
70	Amanda, Here's the info for child support: • Child Support does not have the concept of an error rate. Our program is monitored by the federal Office of Child Support Enforcement via the Data Reliability Audit, we perform a Self-Assessment Audit each year, the IRS performs an audit of our operations and then the Statewide Single Audit also reviews our quality. In addition our SDU vendor is required to have a financial audit to ensure all monies are accounted for and the OAG audits the SDU and had no findings this year. • Attached you will find data on program performance measures. The federal Office of Child Support Enforcement sets performance goals for the states and bases our incentive funding on how well we do against those goals. o FY 13 Q 1 Collections Comparison o FY 13 Q1 Performance Comparison o DHS OCS Program Trends o DHS OCS Performance Trends o FY 11 to FY 12 Performance Comparison (Green Sheet) • Attached you will find the program Strategic Plan • Pratin Trivedi is taking the lead on scheduling a tour of the State Disbursement Unit and has been working with Karyn. In addition to the requests you have noted we also noted a request for information on law changes required for display of electronic communication. We are still working on that request. Thanks and let me know if you have any questions. Erin	2/26/2013
71	Four attachments sent with data	2/26/2013

	M
70	Attachments located in the following directory: S:\BUDGET\Tracking Logs\Files
71	S:\BUDGET\Tracking Logs\Files files are logged under 2013-0220-3

	A	B	C	D	E	F	G
72	Frances Carley	SFA		Gov Rec & Energy Questions	2/20/2013	2013-0220	ABM RD


H
I
72

	J
72	Hi Amanda and Ryan, I have just a few items to follow up on from our meeting last Friday. I also need to clarify one of the questions I submitted on energy assistance, as well as follow up on a question that wasn't included in the document that I received last week. Governor's Rec 1. Request for updated numbers for the DDI contract and SACWIS. 2. Request for number of backlogged cases for Child Support and MRT. What are the current caseload-to-staff ratios? What are sustainable ratios and would the FTE increases allow the Department to achieve these ratios? 3. Regarding the $12 million reduction in Weatherization Assistance Program grant – the DOE website says that Michigan will receive $19.6 million rather than $16.3 million, which was provided in the Governor's Rec. The estimates that I've received about the sequester estimate that the potential cut to Michigan's WAP grant will be less than $200k. Are there other reductions? How was the $3.3 million difference calculated? 4. The Committee on Juvenile Justice Grants utilize Title IV-B funding, correct? Based on the FY 11 and FY 12 Deducts, an estimated $500k is spent in this line. If the line item were aligned with actual spending, could the $2.5 million in Title IV-B funding be used to fund the one-time Family Preservation program increase instead of TANF? You mentioned at our meeting on Friday that Families Together Building Solutions is just one Title IV-B project that the counties can choose to implement under Strong Families Safe Children. Would the two new appropriation numbers in the One-Time Appropriations unit be eligible for Title IV-B funding? 5. Transitioning foster youth: What is the YTD monthly caseload and caseload average for FY12? Energy 6. Is the decline of payments in the summer months in FY 12 (as compared to FY 11) due to restrictions on the use of the restricted fund? Is this type of trend going to continue in FY 13 for any reason, or is monthly spending expected to remain constant through the year? Can you please clarify this question a bit? What is meant by "the restricted fund"? • Sorry for the confusion. I meant the one-time funding fix. I recall that there were conversations last spring that limited the months in which a client could make a claim for assistance. Are these limits the reason for the decline in payments during the summer months of FY 12 when compared to FY 11? 7. LIHEAP Continuing Resolution: Under the CR, states were able to receive either 90% of their annualized 2012 block grant allocation or the amount of funding that was requested for the first two quarters of 2013. If I'm reading the report correctly, Michigan is slated to receive just 82% of the previous block grant. Is this percentage accurate? If so, will the state receive the full allocation if and when the 2013 Federal budget is in place? Thank you, Frances

	K	L
72	Frances, Please see the information attached and below. The updates on the boilerplate sections will be in a later email. Please let me know if you need anything further. Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, February 27, 2013 10:41 AM To: DHS-BudgetServices; Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Jeffrey Cassidy Subject: RE: Gov's Rec Questions Hi Amanda, First, to answer your question about the FIP data – yes, it's fine. Please close the request. I'd like to submit several additional questions, as well. New Items: 1. State Disbursement Unit increase – do you have more information on the request? How many additional cases are projected? How are the contract payments determined? The contract is fully encumbered at the beginning of each year in the accounting system based on total projected transactional costs. The SDU showed dramatic declines in the number of transactions when the state's employment rate dropped, and frankly, individuals were unable to pay their child support. However, with the state economy improving, increased transactions are projected to be required of the SDU, increasing costs. For the current year, we are projecting nearly $600,000 in potential costs above the appropriation just based on first quarter activity to date. I expect that to continue to rise. As you can see from the attached data snapshot, the trend in disbursements for the state is clearly on the rise. http://audgen.michigan.gov/~audgenmi/finalpdfs/12_13/r431014212.pdf#search=MiSDU I thought the most recent audit required by statute for the SDU might be useful as well. 2. LIHEAP State Plan – is the Department required to follow the state plan in terms of actual spending on HHC, weatherization and crisis assistance? In other words, the state plan allocates certain %s for each of these categories – does the State have to stick with these %s so that actual spending follows the original plan? The state plan puts into place the allowable maximums under federal law. From there, the department looks to state statute and to programmatic objectives in determining how spending will ultimately be planned to meet those requirements and stay within federally allowable standards. 3. Regarding the SACWIS budget – which of these costs are going to be ongoing maintenance/staffing, and which are one-time costs that will end with the completion of the project this year? The Executive Recommendation removed approximately $7.5 million in funding associated with transitioning from development to maintenance costs associated with the SACWIS system. At this time, we have only estimates as the system has not even completed its second pilot yet. We are assuming $16 million or less per year, depending on whether the system will continue to require any contractual maintenance in any way. Just DTMB support would be about $7 million per year. 4. Do you have program performance measures and outcomes on the Title IV-B programs that would be expanded with the one-time funding? I think you are referring to the one-time funding associated with expanding the FTBS program, is that correct? This is funded with TANF dollars, not IV-B or IV-B part 2. Our family preservation dollars are in support of the formation and maintenance of two-parent families. Page 21 of our latest TANF state plan (attached) has additional detail. Supportive Visitation (SV) contracted services provide families with home-based parenting skills education and supported family visitation opportunities. The expanded funding, combined with $2.0 million provided in FY13, will enable families to access these services state-wide. Supportive visitation services are critical to those families seeking to be reunified with their children. With this program, families will be receive direct support from trained facilitators as they interact with their children through visits, demonstrating parenting techniques and interaction supports to directly teach	3/11/2013

	M
72	Files located in the following directory: S:\BUDGET\Tracking Logs\Files under Legislative Log 2013-0220

	A	B	C	D	E	F	G
73	Frances Carley	SFA		Hearing Follow up Questions	2/20/2013	2013-0220-1	ABM KF RD
74	Frances Carley	SFA		Executive Order 2013-5	2/20/2013	2013-0220-2	ABM RD T. Gilbert

	H	I
73		
74		

	J
73	Amanda and Karyn, I've compiled the Subcommittee information requests from the past three hearings. I've noted the items that I will be researching. 2/5 – SACWIS 1. Request for a list of the changes in statute that have increased the costs of this project. Attach dollar amount to changes. 2. Request to see the new system in operation. 2/14 – Governor's Recommendation 1. Request for a list of the schools in Pathways – I received a copy of this list at our meeting on Friday and will scan it and forward it to the Subcommittee today. 2. Regarding sequester -- what will the cuts look like in DHS? -- I've compiled a list of projected cuts that would affect DHS based on information from FFIS. 3. What if funding streams become a block grant, is that a risk factor with the sequester? 2/19 - BRIDGES 1. How many caseworkers were eliminated as a result of MiBRIDGES? How did MiBRIDGES impact the caseload-to-worker ratio? – Senator Caswell asked me to look into this. 2. Request for 10 year history of IT spending and a breakdown of the major operational costs in each of the major categories by year. 3. Request for Data Center Operations spending in all agencies in state – Senator Caswell asked me to look into this. 4. Request for all current contracts with telecom companies. 5. Request to know how often we getting new PCs? How many are leased vs. owned and what is the cost difference? Also, I scanned and forwarded the total spending plan for SACWIS to Senator Caswell. Amanda, at our meeting on Friday, you mentioned that the DDI contract dollar amounts were off – when you have updated numbers, would you please forward them to both Jeff and I? Thanks,
74	Hi Amanda, The EO that creates the State Council for Interstate Juvenile Supervision includes a provision that the "Council shall be staffed by personnel with the DHS" (Part IV – H). Could you please give me an estimate of the staffing costs and number of FTEs that will be assigned to the Council? Thanks, Frances

	K	L
73	Hi Frances, Here are some follow up responses. (1) SACWIS information has been forwarded for your consideration on the procurement history. The SACWIS spending plan I forwarded to you is accurate. Thank you for allowing me to verify that. Karyn has been working with Jeff to schedule a tour for the committee of the SACWIS system. (2) Sequestration we have discussed recently. In general, we are anticipating that the reductions in our discretionary grants for specialized services will result in having to reduce available services through our contractors. For broader impacts, like the Social Services Block Grant, we are currently looking for potential reductions within the department to recognize the shortfall in funding. a. As for the issue related to block grants, it is a difficult question to answer. Block grants are a part of our landscape already – like TANF and SSBG, and their flexibility allows the department to be responsive to changing needs within our programs and available services for clients. Some of our entitlement funding, Title IV-E for example, is very restrictive in its uses, and the department has looked for ways to expand those uses through waivers. Should the sequester result in block grants (or more likely, ongoing budget discussions at the federal level), the department will work to make the transition as we have done with TANF and SSBG as quickly and effectively as possible. (3) MIBridges – I want to clarify the intent behind MIBridges. The self-service capability built into MIBridges was to afford our clients the ability to apply for assistance and to request updates on their application status without having to come into the field offices or to place phone calls to the caseworkers. It was never intended to reduce the caseload to worker ratio in the field. Our caseworkers continue to manage the case regardless of how the application comes into the system (through MIBridges, a face to face interview with an eligibility specialist, or a paper application). This system, instead, was to alleviate the wait times a client may experience in addressing their questions (is there any further documentation needed for my application? has my application been reviewed yet? what are my benefit levels?) and reduce the transportation burden for the clients in coming into the field offices. Also, caseworkers are then able to concentrate their efforts on the issues that need their specialized attention. Caseload ratios in the field have fallen from extensively overburdened to more manageable as a result of caseload declines in FAP, Medicaid, and FIP in general. MIBridges is really just changing how clients access services, not reducing the number of cases that need caseworker support. (4) Please see a number of attached items related to IT costs as requested by the committee. (5) We are finishing the PC information now; I will get that to you ASAP. Thanks and please let me know if you need anything further. Amanda	3/8/2013
74	Yes, we will be using existing ICJ/ICPC staff to support the committee. Terri From: DHS-BudgetServices Sent: Friday, March 08, 2013 10:22 AM To: Gilbert, Terri (DHS) Subject: FW: Executive Order 2013-5 Question Terri, Are we just going to use existing employees for this purpose? Amanda	3/8/2013

	M
73	Files located in the following directory: S:\BUDGET\Tracking Logs\Files Legislative Tracking Log 2013-0220-1 Waiting on PC info from James Hogan.
74	Request sent to Terri Gilbert on 2/26/13- rcvd response 3/8/13

	A	B	C	D	E	F	G
75	Frances Carley	SFA		Executive Order 2013-5 Question	3/8/2013	2013-0220-3	ABM
76	Frances Carley	SFA		Follow-Up - Gov's Rec & Energy Questions	3/11/2013	2013-0220-4	ABM

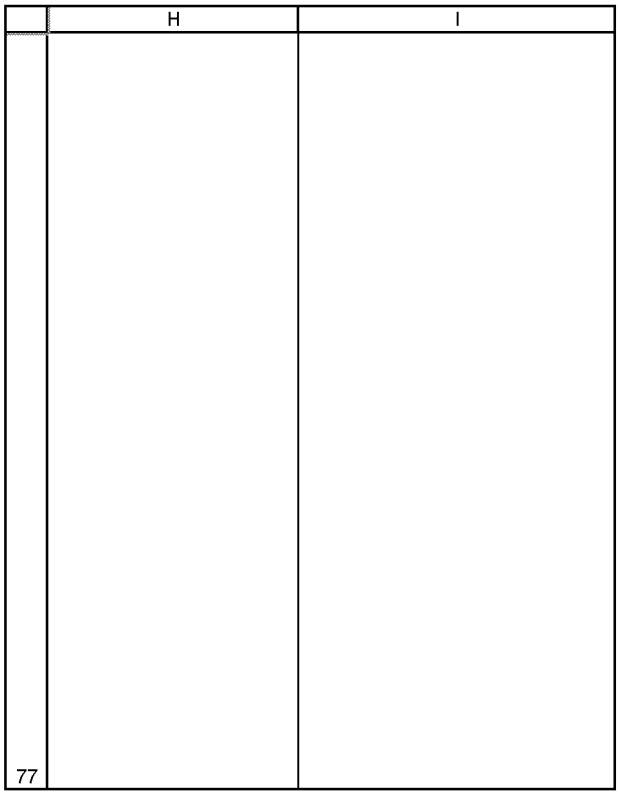
	H	I
75		
76		

	J
75	Amanda, Could you provide an estimate for the % of staff time and corresponding salary/other costs? Thanks, Frances
76	Thanks, Amanda, I have two follow-up questions/comments for this email. I'll respond to your other emails directly so that it's easier to track. 2. Child support – when you say there are 7,200 new referrals per month, do you mean that each worker is receiving 7,200 new referrals or is this the total number of new referrals per month? 5. Young adult voluntary foster care Frances

	K	L
75	Hi Frances, The total percent of staff time and costs are as follows: 3% of the annual costs for 4 FTEs in the existing JJ administrative unit. Includes salaries and wages, fringe benefits, and other associated costs, totaling around $22,100 annually. Thank you, Amanda	3/13/2013
76	Frances, Here are some additional responses on the issue of MRT. I will keep sending information along as I receive it on your other questions. Thank you, Amanda What is the current caseload backlog for MRT? 4,200 What is the current caseload-to-staff ratio? 1:4,615 What is the sustainable ratio ? 1 : 3500 – meaning 1 MRT staff for every 3500 cases and no backlog and no overtime Will the additional 4 FTEs in the FY14 budget will allow us to achieve the sustainable ratio? Yes, as long as there is not an increase in caseload greater than 3% based on a caseload of 60,000 cases per year.	3/11/2013

	M
75	
76	From: Bright McClanahan, Amanda (DHS) Sent: Friday, March 08, 2013 5:54 PM To: 'Frances Carley'; Doll, Ryan (DHS) Cc: DHS-BudgetServices; Ferrick, Karyn (DHS); Kangas, Susan (DHS) Subject: RE: Follow-Up - Gov's Rec & Energy Questions Frances, Please see the following information for your consideration. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, February 20, 2013 10:41 AM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: DHS-BudgetServices Subject: Follow-Up - Gov's Rec & Energy Questions Hi Amanda and Ryan, I have just a few items to follow up on from our meeting last Friday. I also need to clarify one of the questions I submitted on energy assistance, as well as follow up on a question that wasn't included in the document that I received last week. Governor's Rec 1. Request for updated numbers for the DDI contract and SACWIS. Addressed in a prior email. 2. Request for number of backlogged cases for Child Support and MRT. What are the current caseload-to-staff ratios? What are sustainable ratios and would the FTE increases allow the Department to achieve these ratios? I forwarded some additional information about child support trends in a prior email. Currently, there are approximately 17,000 cases in backlog for child support; this was a central focus related to the work project requested by the department for FY2012. The request under consideration right now would build upon those one-time efforts to support an ongoing need. The average caseload right now is about 2,700 per child support specialist. There are approximately 7,200 new referrals from Bridges per month; a worker can address about 4,000 of those referrals. Wait times for a client to be contacted by a specialist can be significant (3 to 9 months, depending on the circumstances.) Now, some of the work project supports – the IVR system, the additional IT supports, and limited term staff, will address some of these issues. However, an ongoing commitment is necessary to keep the improvements moving forward. I have requested the latest MRT statistics – I will forward those as soon as I receive them. 3. Regarding the $12 million reduction in Weatherization Assistance Program grant – the DOE website says that Michigan will receive $19.6 million rather than $16.3 million, which was provided in the Governor's Rec. The estimates that I've received about the sequester estimate that the potential cut to Michigan's WAP grant will be less than $200k. Are there other reductions? How was the $3.3 million difference calculated? The authorization amount was based on the anticipated spending plan for the line item at the time of our budget submission to the State Budget Office in October. A multitude of factors have changed since that time. The purpose of this authorization reduction is to properly align authorization levels with grant awards. For the program year beginning 4/1/2012, the Weatherization Assistance Program was granted $3,997,503 from the Department of Energy. In part, the grant was reduced due to the availability of Weatherization ARRA funding, which will no longer be available in FY14. Additionally, the Weatherization Program has the ability to carry funding forward from one period to the next ($15.3 million carry forward into FY12), allowing for the expenditure of prior period grants. So I understand the available funding you have indicated, but we assumed we would have some carry forward moving forward as well to support the program over multiple years, as

	A	B	C	D	E	F	G
77	Frances Carley	SFA		Follow-up Gov's Rec Questions	3/11/2013	2013-0220-5	ABM

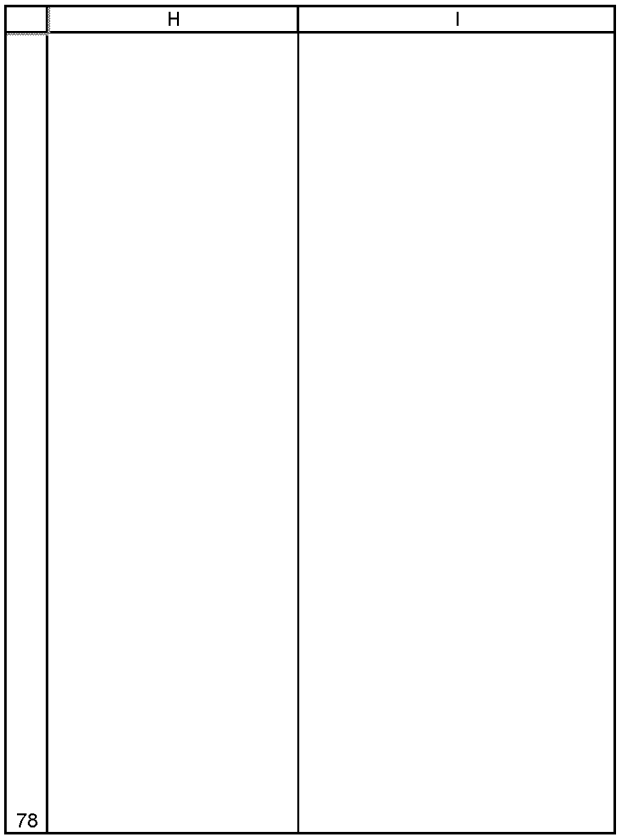

H
I
77

	J
77	This is the final set of responses for now. 1. Regarding the SACWIS budget – which of these costs are going to be ongoing maintenance/staffing, and which are one-time costs that will end with the completion of the project this year? The Executive Recommendation removed approximately $7.5 million in funding associated with transitioning from development to maintenance costs associated with the SACWIS system. At this time, we have only estimates as the system has not even completed its second pilot yet. We are assuming $16 million or less per year, depending on whether the system will continue to require any contractual maintenance in any way. Just DTMB support would be about $7 million per year. -how will DHS account for the $16 million reduction? The reduction will take place in FY 14, even though it's not specified in the Gov's Rec, correct? 2. Do you have program performance measures and outcomes on the Title IV-B programs that would be expanded with the one-time funding? I think you are referring to the one-time funding associated with expanding the FTBS program, is that correct? This is funded with TANF dollars, not IV-B or IV-B part 2. Ok. I just need to clarify how the expansion will work. At our meeting, you indicated that the one-time funding would be used to expand the IV-B programs into the UP and other counties that have limited access to the various programs that are available. It sounds like the expansion will specifically support FTBS and the Supported Visitation program. What are the program expenses that the funding will cover? How will the funding be distributed? In which counties will the program operate? 3. Child Welfare Institute training program – curriculum performance measures and outcomes, as well as cost. I'm referring to the new Crucial Accountability training. Thanks, Frances

	K	L
77	Frances, Please see additional responses below. Thanks, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, March 11, 2013 10:25 AM To: Bright McClanahan, Amanda (DHS); DHS-BudgetServices; Doll, Ryan (DHS) Cc: Jeffrey Cassidy Subject: RE: Gov's Rec Questions This is the final set of responses for now. 1. Regarding the SACWIS budget – which of these costs are going to be ongoing maintenance/staffing, and which are one-time costs that will end with the completion of the project this year? The Executive Recommendation removed approximately $7.5 million in funding associated with transitioning from development to maintenance costs associated with the SACWIS system. At this time, we have only estimates as the system has not even completed its second pilot yet. We are assuming $16 million or less per year, depending on whether the system will continue to require any contractual maintenance in any way. Just DTMB support would be about $7 million per year. -how will DHS account for the $16 million reduction? The reduction will take place in FY 14, even though it's not specified in the Gov's Rec, correct? There is a reduction taking place in the Executive Recommendation as I indicated above – it is $7.5 million. I am saying the costs are expected to be less than $16 million per year in total, not $16 million less per year. I am sorry for the confusion. 2. Do you have program performance measures and outcomes on the Title IV-B programs that would be expanded with the one-time funding? I think you are referring to the one-time funding associated with expanding the FTBS program, is that correct? This is funded with TANF dollars, not IV-B or IV-B part 2. Ok. I just need to clarify how the expansion will work. At our meeting, you indicated that the one-time funding would be used to expand the IV-B programs into the UP and other counties that have limited access to the various programs that are available. It sounds like the expansion will specifically support FTBS and the Supported Visitation program. What are the program expenses that the funding will cover? How will the funding be distributed? In which counties will the program operate? I attached the program implementation plan to answer many of these questions to my original email. The FTBS model is being expanded to Muskegon and Macomb. Supported visitation will be available statewide. This one time funding is TANF funding for the expansion; FTBS has been historically supported by IV-B and that was what I was referring to. 3. Child Welfare Institute training program – curriculum performance measures and outcomes, as well as cost. I'm referring to the new Crucial Accountability training. As you know, DHS is seeking resources to support professional development through Crucial Accountability Training for approximately 7,000 DHS employees. Crucial Accountability Training helps child welfare and public assistance staff engage effectively with client families by: • Addressing failure to meet expectations effectively in a way that builds relationships and motivation. • Eliminating resistance by replacing fear and uncertainty with natural and enduring motivators and holding everyone accountable to the same standards. • Confronting every broken promise or violated expectation in a way that not only solves the problem, but also strengthens the relationship. The project will improve communication skills for all trained staff, leading to improved engagement with families, which in turn will drive increased family involvement moving toward safety and self-sufficiency. Child welfare research has shown a strong correlation between family involvement in their service plans with earlier child reunification when possible and shortened times to permanency.	3/13/2013

	M
	S:\BUDGET\Tracking Logs\Files Legislative Log 2013-0220-5
77	

	A	B	C	D	E	F	G
78	Kevin Koorstra	HFA		Question on Adoption and Medical Subsidy	2/25/2013	2013-0225	ABM KF W. Campau


H
I
78

	J
78	Amanda and Karyn, Representative MacGregor has a few questions about the Adoption Subsidy and the Medical Subsidy. 1-To qualify for the adoption subsidy the child has to meet one of these special conditions: -Eligible for SSI -Receives a Determination of Care at level 2 or above -is at least 3 years old -is being adopted by a relative -part of a sibling group Am I missing any? 2-Current number of adoption subsidies by condition (SSI, relative, etc.). 3-Current number of adoptive youth eligible for the medical subsidy, and is it also possible to get a break out by condition (physical, mental, emotional)? 4-Current number of adoptive youth that are covered by Medicaid. 5-Any information you have on the income of the families applying for and receiving an adoption subsidy. I know that adoptive families need to report their source of income and detail a financial statement that specifies a net income amount when they become a licensed foster/adoptive home. So maybe BCAL would already have something similar to this request. Thanks, and let me know if you have any questions. Kevin

	K	L
78	Amanda: The following responses are thanks to Cathe Hoover. Dawn Ritter in Subsidy isn't available to comment but I wanted to give you this because it is my sense this should satisfy your request. Please advise if you need something more. Representative MacGregor has a few questions about the Adoption Subsidy and the Medical Subsidy. 1-To qualify for the adoption subsidy the child has to meet one of these special conditions: -Eligible for SSI -Receives a Determination of Care at level 2 or above -is at least 3 years old -is being adopted by a relative -part of a sibling group Am I missing any? The following is eligibility policy found in AAM 200, pages 1,2 and 3. There are additional requirements for title IV-E funding. 2-Current number of adoption subsidies by condition (SSI, relative, etc.). I'm not sure if this information can be pulled from the system. My initial thought is that the data wouldn't be accurate: 1. the youth may have qualified under more than one requirement i.e. age 3, plus being adopted with a sibling, plus being adopted by a relative etc… and the system might only show one of the requirements 2. Data prior to 2007, when the new subsidy system was implemented, is not accurate due to conversion issues, cases not being on SWSS when the system was implemented, etc. 3-Current number of adoptive youth eligible for the medical subsidy, and is it also possible to get a break out by condition (physical, mental, emotional)? I don't think it's possible to break medical subsidy out by categories as medical subsidy is based on specific diagnosis/conditions for each individual child and not based on categories. During fiscal year 2012 (October 1, 2011 through September 30, 2012), there were 21,154 children eligible for an adoption medical subsidy, and of those, 3,586 children received services which were reimbursed through the program. For the 3,586 children who received services, 29,490 adoption medical subsidy claims were made that totaled $4,473,532 in expenditures. 4-Current number of adoptive youth that are covered by Medicaid. The following statement was added to policy via a bulletin that went into effect September 1, 2012: Children who are eligible to receive non-title-IV-E funded adoption support subsidy are eligible for Medicaid coverage through the adoption support subsidy program. The following statement is also found in policy regarding title IV-E funded cases: Children who are eligible to receive a title IV-E funded adoption support subsidy are eligible for Medicaid through the adoption support subsidy program. By adding the first statement to policy, effective September 1, 2012, all children who are eligible for adoption support subsidy will be categorically eligible for Medicaid through the adoption support subsidy program.	2/28/2013

	M
	Kevin, Please see the following in response to recent questions from the Chair. Please let me know if you need anything further. Thank you, Amanda Amanda Bright McClanahan Director, Budget and Grant Management Division Department of Human Services 517-241-9056 brighta@michigan.gov Representative MacGregor has a few questions about the Adoption Subsidy and the Medical Subsidy. 1-To qualify for the adoption subsidy the child has to meet one of these special conditions: -Eligible for SSI -Receives a Determination of Care at level 2 or above -is at least 3 years old -is being adopted by a relative -part of a sibling group Am I missing any? The following is eligibility policy found in AAM 200, pages 1,2 and 3. There are additional requirements for the subsidy to qualify for Title IV-E funding. 2-Current number of adoption subsidies by condition (SSI, relative, etc.). This information cannot be pulled from the system with accuracy for several reasons. 1. The youth may have qualified under more than one requirement i.e. age 3, plus being adopted with a sibling, plus being adopted by a relative etc… and the system would likely show only one of the requirements
78	2. Data prior to 2007, when the new subsidy system was implemented, is not accurate due to conversion issues, including cases not being on Social Worker Support System when the system was

	A	B	C	D	E	F	G
79	Frances Carley	SFA		Child Support Information Request	2/26/2013	2013-0226	ABM AJB JP RD KF
80	Frances Carley	SFA		FIP Caseload Data Request	2/26/2013	2013-0226-1	Terry Drum ABM

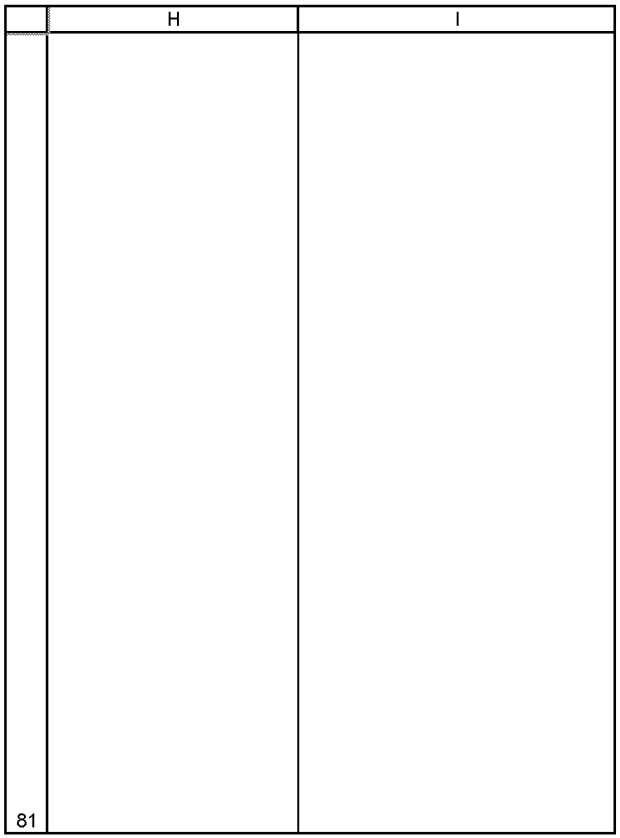
	H	I
79		
80		

	J
79	Please let me know if there are any further questions. Amanda • Is there an error rate available for the MiCSES system? If so, please provide it. o • Are there other programmatic statistics (performance measures) available for the committee on the child support program? If so, could the committee have a copy? o • Can the committee have a copy of the strategic plan for the Child Support program? o
80	Hi Amanda and Terry, This is close. I still need, however, a breakdown of cases by the number of people per case and whether the individuals are adults or children. I think we discussed a format at the hearing a couple of weeks ago. I was visualizing something that might look like the table below. You mentioned that you had a canned report available that breaks this information out up to 6 people – the format of that report might be better. Could we start with that report and then revise as needed? 1 person 2 people 3 people 4 people 5 people 6 people 7 people 8 people 9 people + # of cases 12,000 15,000 # children 12,000 8,000 # adults 0 7,000 Etc. By the way, I received your other emails, Amanda. Thanks. I am compiling several new budget questions and will be forwarding them this afternoon. Thanks, Frances

	K	L
79	Please let me know if there are any further questions. Amanda • Is there an error rate available for the MiCSES system? If so, please provide it. o Child Support does not have the concept of an error rate. The program is monitored by the federal Office of Child Support Enforcement via the Data Reliability Audit; the program performs a Self-Assessment Audit each year; the Internal Revenue Service performs an audit of program operations, and the Statewide Single Audit also occurs. In addition our SDU vendor is required to have a financial audit. The Office of Auditor General audits the SDU, and there were no findings this year. • Are there other programmatic statistics (performance measures) available for the committee on the child support program? If so, could the committee have a copy? o Attached you will find data on program performance measures. The federal Office of Child Support Enforcement sets performance goals for the states and bases our incentive funding on how well we do against those goals. ⊓ FY 13 Q 1 Collections Comparison ⊓ FY 13 Q1 Performance Comparison ⊓ DHS OCS Program Trends ⊓ DHS OCS Performance Trends ⊓ FY 11 to FY 12 Performance Comparison (Green Sheet) • Can the committee have a copy of the strategic plan for the Child Support program? o Please see the attached.	2/26/2013
80	Frances, This is the information we have received for January 2013. It would be very labor intensive to recreate this report for each month in the timeframe I originally sent to you. Are you looking for that level of detail monthly? Thank you, Amanda	2/27/2013

	M
79	Attached files stored as Legislative Tracking Log #2013-0226 in following directory: S:\BUDGET\Tracking Logs\Files
80	S:\BUDGET\Tracking Logs\Files files are logged under 2013-0226-1

	A	B	C	D	E	F	G
81	Frances Carley	SFA		Gov's Rec Questions	2/27/2013	2013-0227	ABM RD KF

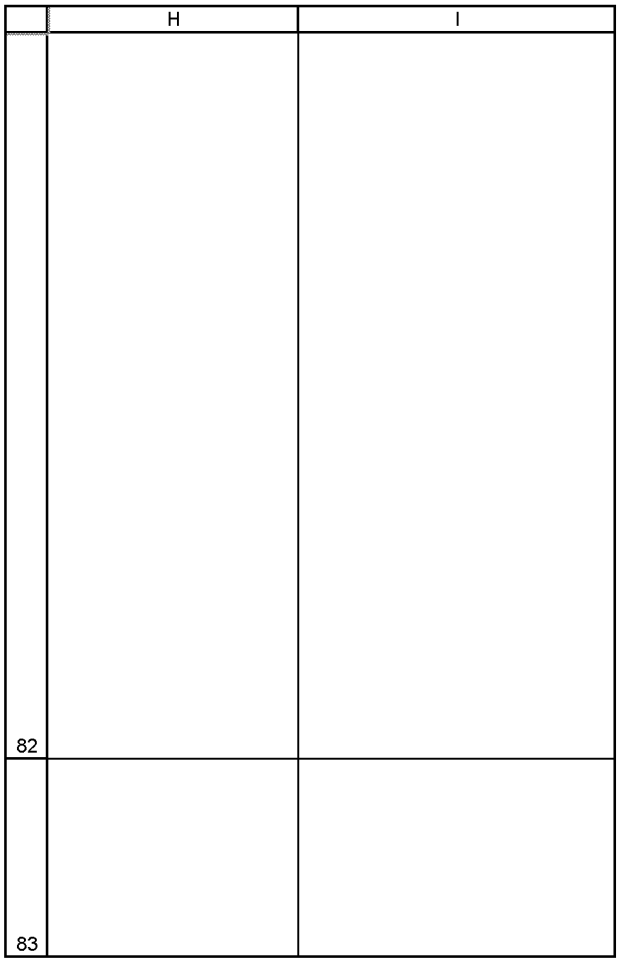

H
I
81

	J
81	Hi Amanda, First, to answer your question about the FIP data – yes, it's fine. Please close the request. I'd like to submit several additional questions, as well. New Items: 1. State Disbursement Unit increase – do you have more information on the request? How many additional cases are projected? How are the contract payments determined? 2. LIHEAP State Plan – is the Department required to follow the state plan in terms of actual spending on HHC, weatherization and crisis assistance? In other words, the state plan allocates certain %s for each of these categories – does the State have to stick with these %s so that actual spending follows the original plan? 3. Regarding the SACWIS budget – which of these costs are going to be ongoing maintenance/staffing, and which are one-time costs that will end with the completion of the project this year? 4. Do you have program performance measures and outcomes on the Title IV-B programs that would be expanded with the one-time funding? 5. Child Welfare Institute training program – curriculum performance measures and outcomes, as well as cost. Additionally, I have a request for status and program updates on several boilerplate items. In terms of updates, a general status update (unless otherwise noted) would be good. The updates should include information such as the progress that's been made on developing a plan (meetings to date, people/organizations involved), number of clients affected by the program, outcomes, and/or relevant descriptions. 1. Sec. 290 – is DHS posting fraud hotline information on all public assistance ads? 2. Sec. 425 – vehicle repairs 3. Sec. 515 – Kent County privatization 4. Sec. 525 – residential facility evaluation 5. Sec. 537 – foster care placement strategy 6. Sec. 540 – psychotropic medication and collaboration with DCH 7. Sec. 556 – adoption subsidy report 8. Sec. 574 – relative caregiver licensure grants 9. Sec. 578 – mental health assessment with DCH 10. Sec. 580 – mental health services with DCH 11. Sec. 585 – private agency training 12. Sec. 601 – rent vendoring 13. Sec. 606 –how much by FIP and SDA repayments were collected by county (either FY12 or FY13 YTD)? 14. Sec. 612 – asset test on refugee assistance 15. Sec. 616 – limit on fees for cash back 16. Sec. 686 – caseworker policies 17. Sec. 1201 – OIG one-time appropriation for IT in FY 13 Please also disregard this previous request on the JJ grants. I mixed up this appropriation number (47820) with another (47280): The Committee on Juvenile Justice Grants utilize Title IV-B funding, correct? Based on the FY 11 and FY 12 Deducts, an estimated $500k is spent in this line. If the line item were aligned with actual spending, could the $2.5 million in Title IV-B funding be used to fund the one-time Family Preservation program increase instead of TANF? You mentioned at our meeting on Friday that Families Together Building Solutions is just one Title IV-B project that the counties can choose to implement under Strong Families Safe Children. Would the two new appropriation numbers in the One-Time Appropriations unit be eligible for Title IV-B funding?

	K	L
81	The young adult voluntary foster care numbers are part of the reports you receive from Terry each month on foster care. The February report should be coming shortly if you have not received it already. For child support, the information I gave you was the total number of referrals each month and the workers can address about 4,000 each month. I apologize for the confusion – sometimes my translation of the notes I receive from the program areas is a bit gobbled. The average caseload load per worker is accurate at 2,700. Thanks! Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, March 11, 2013 9:47 AM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Jeffrey Cassidy; Doll, Ryan (DHS) Subject: RE: Follow-Up - Gov's Rec & Energy Questions Thanks, Amanda, I have two follow-up questions/comments for this email. I'll respond to your other emails directly so that it's easier to track. 2. Child support – when you say there are 7,200 new referrals per month, do you mean that each worker is receiving 7,200 new referrals or is this the total number of new referrals per month? 5. Young adult voluntary foster care Frances	3/12/2013

	M
81	

	A	B	C	D	E	F	G
82	Frances Carley	SFA		Recent Hearings	2/27/2013	2013-0227-1	ABM KF RD
83	Senator MacGregor	Senator MacGregor		Senate Request for 5 Year Collection History	2/27/2013	2013-0227-2	Bob Drake SK ABM Lance GeckStetter B. Johnson Margo Yaklin


H
I
82
83

	J
82	Amanda and Karyn, I'm submitting the questions and information requests that came up at yesterday's hearing. I'm also including a request for more detail on an issue that came up at the BRIDGES hearing last week. 2/19 – BRIDGES • How has the caseload-to-staff ratio been affected by the use of MiBRIDGES? More than 200k applications and cases are being handled through the system. Has the number of eligibility workers been reduced, or have some of their responsibilities shifted as a result of the online system? 2/26 – CCF • Is it possible to have the Auditor General do audits of the counties' actual expenditures and claims in the CCF? • Can the State fund the CCF with a different funding stream than TANF and GF/GP? • Similarly, is it possible to use different pots of money to fund a shift to community-based care? • Could statute or boilerplate language include a provision that any CCF costs for residential over 20% of a county's total spending would not be reimbursed? Is it possible to do this, particularly regarding Headlee? Or, is it possible to approach such a change through the courts' rule-making process? • How much was the fine from the prior Title IV-E audit? How much funding was disallowed by the Feds? • More detail on the list of eligible expenditures • More detail on the Basic Grant program Thank you, Frances
83	From: Yaklin, Margo (DHS) Sent: Thursday, February 28, 2013 3:18 PM To: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS) Subject: FW: Senate Request for 5-year Collection History Does this work? The request from MacGregor stated "how much public assistance receivables does DHS collect each year?" That is why only actual collections are on the spreadsheet.

	K	L
82		
83	Here's the scanned chart showing a 5-year collection history as requested by Rep. MacGregor. Please forward. Susan Kangas Deputy Director, Financial Services Michigan Department of Human Services 517-373-7914	3/13/2013

	M
82	
83	S:\BUDGET\Tracking Logs\Files Log 2013-0227-2

	A	B	C	D	E	F	G
84	Frances Carley	SFA		Recent Hearings 2/27 & 3/12	3/18/2013	2013-0227-3	ABM KF RD
85	Kevin Koorstra	HFA		Responses to Recent House Subcommittee Questions	2/28/2013	2013-0228	ABM KF RD

	H	I
84		
85		

	J
84	Sent: Monday, March 18, 2013 3:07 PM To: DHS-BudgetServices; Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: Jeffrey Cassidy; Doll, Ryan (DHS) Subject: RE: Recent Hearings - 2/26 and 3/12 Karyn and Amanda, I've compiled a list of the Subcommittee's questions from the hearing on 3/12. The outstanding questions from the 2/26 hearing on the Child Care Fund are available if you scroll down to the beginning of the email. 3/12 1. What are the total expenditures for the policy office and where are the expenses found in the line items? How many FTEs does the policy office have? 2. Would it be possible to coordinate community service responsibilities with the driver responsibility community service requirements? (I'm sorry, but I don't have any more information on this request – clarification would have to go through the Chair's office) 3. Do you have any updates and information on the limit on the fee that a retailer could charge on transactions? 4. Regarding Medicaid, is it DHS's understanding that all enrollment will go through the Exchange? Can you find out? 5. Senator Caswell indicated a desire to work on a letter to the Feds in order to address the issue of children inappropriately receiving SSI. He also requested a copy of the letter sent regarding retail fraud. 6. Why is there a reference to "Migrant Hospitalization" rather than indigent? What is the reason for this distinction? Thanks, Frances
85	Kevin, Please see the additional information on the I-Sight OIG information technology system below. Thank you and please let me know if you have any additional questions, Amanda In 2013, the Office of Inspector General (OIG)is developing and implementing a web-based case management system known as I-Sight. I-Sight will replace and integrate three antiquated legacy systems currently being used to track OIG investigations into recipient fraud, provider fraud, and fraud detection (i.e. front end eligibility investigations). The new system will allow DHS Case workers to directly generate fraud referrals from the DHS intranet into the system. It will also pull existing recipient and provider data from the Bridges eligibility system, enabling the OIG to load and critically analyze multiple fraud referrals to assign them for full fraud investigations. The system is developed for electronic investigation files (with storage of all evidence), allowing for investigations to be electronically submitted to prosecutorial authorities for criminal review. Prosecutorial authorities will have the ability to input their decisions on whether to proceed with criminal charges into the system, greatly increasing the efficiency of welfare fraud investigation and prosecution. It is also expected that the I-Sight system will substantially increase fraud referrals by DHS Eligibility workers, enhancing public assistance program integrity. The I-Sight system is expected to be fully functional by summer of 2013.

	K	L
84	Frances, Please see the attached information for the child care fund items on your list. Amanda	3/19/2013
85	Kevin, Please see the additional information on the I-Sight OIG information technology system below. Thank you and please let me know if you have any additional questions, Amanda In 2013, the Office of Inspector General (OIG)is developing and implementing a web-based case management system known as I-Sight. I-Sight will replace and integrate three antiquated legacy systems currently being used to track OIG investigations into recipient fraud, provider fraud, and fraud detection (i.e. front end eligibility investigations). The new system will allow DHS Case workers to directly generate fraud referrals from the DHS intranet into the system. It will also pull existing recipient and provider data from the Bridges eligibility system, enabling the OIG to load and critically analyze multiple fraud referrals to assign them for full fraud investigations. The system is developed for electronic investigation files (with storage of all evidence), allowing for investigations to be electronically submitted to prosecutorial authorities for criminal review. Prosecutorial authorities will have the ability to input their decisions on whether to proceed with criminal charges into the system, greatly increasing the efficiency of welfare fraud investigation and prosecution. It is also expected that the I-Sight system will substantially increase fraud referrals by DHS Eligibility workers, enhancing public assistance program integrity. The I-Sight system is expected to be fully functional by summer of 2013.	2/28/2013

	M
84	File 2013-0227-3 located in S:\BUDGET\Tracking Logs\Files
85	LIHEAP and Methodology files sent to Koorstra. You will find them located in the following directory: S:\BUDGET\Tracking Logs\Files under Log 2013-0228

	A	B	C	D	E	F	G
86	Frances Carley	SFA		Additional Questions	3/5/2013	2013-0305	ABM KF RD
87	Frances Carley	SFA		Additional Questions	3/5/2013	2013-0305-1	ABM KF RD

	H	I
86		
87		

	J
86	Hi Amanda, I have a few additional questions to add to the list. 1. Child Support Specialist FTEs – if they are needed in order to work through a backlog, as you mentioned before, is it feasible to provide a one-time appropriation for the positions, or classify them as short-term staff? 2. Could you send a summary that describes the responsibilities of the 1.0 FTE for the tuition reimbursement request? I know that DHS used to do reimbursements, but don't know if this program ended or was simply reduced. Is DHS currently providing the reimbursements? With the FY 14 request, how much of a reimbursement would each student receive? Are there any contingencies on the reimbursement (i.e., recipients have to agree to work for DHS for at least a year, etc?) 3. Could you please give me more information on the foster care cost per case increase? It's higher than my average so I'm trying to figure out the factors that were taken into consideration. 4. Is Guardianship underfunded? 5. I know that we've talked about this to an extent, but are there any concrete plans to add JJ to SACWIS in the near future? If not, is there a reason? Funding? The state's lack of ability to require courts to use the system if it were in place? 6. FIP – Is it possible to find out how many cases increase the number of individuals originally claimed in a household? For example, a single parent who enrolls in the program with 2 children, and then has 2 additional children while receiving assistance? 7. Is the $2.5 million in one-time funding for the IV-B Family programs going to be distributed in the form of grants to counties? Will the funding allow more staff to work with the counties to implement a program that is not currently available to them? How will the program expansion work? I don't understand enough about the IV-B programs and how counties are able to choose which ones to operate in order to answer these questions. 8. Please send more information on the new biometrics fraud technology. Thanks, Frances
87	Amanda, I need to add a #9 to this list: 9. What are the calculations for the resource gaps in the Direct Care Workers and CPS Workers lines? I'm referring to the methodology for the 577.0 FTE request. I realized that I should clarify #4, as well. While the program is an alternative to foster care, are the responsibilities of a guardian still the same as those of a foster parent (aside from the licensing process)? The average annual rate of payment for a guardian is about 1/3 of the payment to a foster parent. Do you have more background on how the guardianship rate was determined? I appreciate it. Thanks! Frances

	K	L
86		
87	Frances, Please see additional information below. I have attached information for your consideration as well. Thank you, Amanda	3/11/2013

	M
86	
87	S:\BUDGET\Tracking Logs\Files under legislative log 2013-0305-1

	A	B	C	D	E	F	G
88	Frances Carley	SFA		Methodology	3/11/2013	2013-0305-2	ABM
89	Kevin Koorstra	HFA		Boilerplate Questions	3/6/2013	2013-0306	ABM N. Denson
90	Frances Carley	SFA		Legislative Requests	3/7/2013	2013-0307	AJB ABM KF PM RD

	H	I
88		
89		
90		

	J
88	Amanda, I have a copy of the methodology, but this doesn't include the calculations for the resource gaps. Could you please provide these? The current resource gap for Direct Services Workers assumes a gap of 32.2% and the gap for the CPS Workers is an estimated 37%. A 2009-10 request for additional FTEs to cover the CRI settlement, calculated the gaps at 12% and 16%, respectively. I need to see where and how these estimates have changed. Thank you! Frances
89	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, March 06, 2013 6:01 PM To: Bright McClanahan, Amanda (DHS) Subject: Boilerplate Question Amanda, Are private child welfare agencies currently permitted to conduct their own training as required through Sec. 585 and 753? And if so, do you know how many private agencies DHS has allowed to train their own staff? Thanks, Kevin
90	AJ, Patti, Do we have anything on these here or do I need to go to the program areas? Thanks! Amanda From Frances: (1) Child Support - For the state disbursement unit, can we provide data on how contract payments are determined – transactional basis How many additional cases are projected? How are the contract payments determined? (2) Child Support and MRT - Request for number of backlogged cases for Child Support and MRT. What are the current caseload-to-staff ratios? What are sustainable ratios and would the FTE increases allow the Department to achieve these ratios?

	K	L
88		
89	Hi Kevin, Please see the attached LIHEAP spending plan. I was holding it, hoping we would have resolution on sequestration and the federal budget, but no, we don't. Please note, this will be changing very soon with those developments. Also, SBO has to approve changes, so I will send you a revised copy when it is through the process. So, please treat this as draft only. Please see the attached boilerplate report on this subject. http://www.michigan.gov/documents/dhs/ChildWelfareTrain-the-TranerProgram_410456_7.pdf My understanding is that this subject was discussed fully with the Legislature last summer in depth. I was not privy to those discussions. Thank you, Amanda ========== Hello, Director Corrigan and Karyn Ferrick had a conversation with Senator Caswell about this in the month of August. It is my understanding we do not plan to pursue allowing private agencies to conduct their own training. You may want to have a conversation with Kurt and Karyn to verify this is still the stand we are taking. Thanks, Nicole Denson-Sogbaka Office of Workforce Development and Training 3040 W Grand Blvd Suite 6-300 Detroit, MI 48202 7109 W Saginaw Hwy 3rd Floor Lansing, MI 48917 517-897-3345	3/7/2013
90	For number 1, the full amount of the Informatix contract is encumbered at the beginning of the fiscal year and then they submit billings based on the actual number of payments processed that hits the encumbrance each month. At month 13, after the final billing, the remainder of the encumbrance is un-encumbered. So, yes, the payments are determined on a transactional basis. Pratin's area has data showing the projected caseload increase. For number 2, I believe Terry already has this data or he has the contact in Child Support who will have it readily available. Sorry – I can't remember her name right now, but she was very helpful with the data required for the last proposal for change. I know Patti is out this afternoon – would you like me to email Chuck for the backlogged MRT cases? AJ	3/7/2013

	M
88	
89	ABM sent to Nicole Denson 3/7/13
90	AJ emailed Chuck for MRT cases.

	A	B	C	D	E	F	G
91	Kevin Koorstra	HFA		SACWIS T-1 funding request	3/7/2013	2013-0307-1	ABM RD KF
92	Kevin Koorstra	HFA		Additional Information: National Voter's Registration Act and the mobile workers landline cost offsets.	3/7/2013	2013-0307-2	ABM

	H	I
91		
92		

	J
91	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Friday, March 01, 2013 10:42 AM To: Bright McClanahan, Amanda (DHS) Subject: SACWIS T-1 funding request Amanda, Representative MacGregor asked for more information on the SACWIS T-1 line costs. In particular how many offices are being upgraded? Which offices? And what types of lines do they currently have? Thanks, Kevin
92	Please see the attached information about the costs associated with the National Voter's Registration Act and the mobile workers landline cost offsets. Thank you, Amanda

	K	L
91	Hi Kevin, Ok – caveat, I am not a tech person. There are 50 T-1 lines being added to improve telecommunications connectivity. These cost approximately $4,000 per month per line. There are significant issues as workers continue to go mobile, particularly in areas of child welfare, and having adequate support through existing networks. Further, as the department's systems begin to transition to web-based portals for workers to access (SACWIS will have such an interface), the volume will only get worse. In addition, electronic document management requires that we be able to move ahead with improving the speed of our network. Based on a study of several locations, our local offices, in some cases, were spending 25 minutes of every hour waiting for the network. DHS has been working with DTMB to upgrade networks throughout the state to support these new initiatives. The following offices have been targeted. An additional 17 offices are waiting for assessment. Shiawassee Muskegon Cheboygan Genesee - Clio Lapeer Washtenaw Macomb - Warren St Joseph Emmett Wayne - Glendale Wayne - Greenfield/Joy Oakland - Dist 2 Allegan Wayne - Conner Service Center	3/8/2013
92	Attachments sent with data	3/8/2013

	M
91	
92	Attachments saved in following directory:S:\BUDGET\Tracking Logs\Files under 2013-0307-2

	A	B	C	D	E	F	G
93	Kevin Koorstra	HFA		DHS Scorecard	3/11/2013	2013-0311	ABM
94	Kevin Koorstra	HFA		House Appropriations TANF	3/11/2013	2013-0311-1	ABM
95	Kevin Koorstra	HFA		EFIP Forms	3/13/2013	2013-0313	ABM J. Cook
96	Kevin Koorstra	HFA		EFIP Notifications-2	3/19/2013	2013-0313-1	ABM RD KF

	H	I
93		
94		
95		
96		

	J
93	Kevin, I believe we had a question from the committee on our performance measures for the department. Please see the scorecard link below for members on our current department-wide measures. Thank you, Amanda http://www.michigan.gov/documents/openmichigan/DHS_Scorecard__412835_7.pdf
94	Kevin, Please see the attached information in response to committee member questions asked during the 2/20/13 hearing related to TANF. The following items are attached. • TANF Spending from FY 2006 to FY 2012 • List of FY 2012 TANF MOE sources and claim amounts for other State departments • List of FY 2012 TANF MOE sources and claims from third-party organizations • Five year history (FY 2008 to FY 2012) of TANF spending by category (ACF 196) And, in response to the questions of whether or not there are any states that do not draw down their full TANF grant, the answer is no. With the carry forward provisions in TANF, states are drawing down their full grant amounts. Thank you, Amanda
95	From: Kevin Koorstra <kkoorstra@house.mi.gov> Date: March 13, 2013, 3:32:39 PM EDT To: "Bright McClanahan, Amanda (DHS)" <brighta@michigan.gov> Subject: EFIP notification I assume there is a form that DHS mails out when a person on FIP is eligible for EFIP, but I cannot find it. Is that something you can provide?
96	Thanks. Mostly. Is there also something on the DHS-1605 that also notifies the person eligible for EFIP that receipt of EFIP counts toward his or her federal and state lifetime limit? Last year the Legislature added Sec. 657 that requires this notification.

	K	L
93	Kevin, I believe we had a question from the committee on our performance measures for the department. Please see the scorecard link below for members on our current department-wide measures. Thank you, Amanda http://www.michigan.gov/documents/openmichigan/DHS_Scorecard__412835_7.pdf	3/11/2013
94	Kevin, Please see the attached information in response to committee member questions asked during the 2/20/13 hearing related to TANF. The following items are attached. • TANF Spending from FY 2006 to FY 2012 • List of FY 2012 TANF MOE sources and claim amounts for other State departments • List of FY 2012 TANF MOE sources and claims from third-party organizations • Five year history (FY 2008 to FY 2012) of TANF spending by category (ACF 196) And, in response to the questions of whether or not there are any states that do not draw down their full TANF grant, the answer is no. With the carry forward provisions in TANF, states are drawing down their full grant amounts. Thank you, Amanda	3/11/2013
95	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, March 18, 2013 3:05 PM To: Kevin Koorstra Cc: DHS-BudgetServices; Kangas, Susan (DHS); Ferrick, Karyn (DHS); Doll, Ryan (DHS) Subject: RE: EFIP notification Kevin, Here is the information on this request. The DHS-1605 notice is sent out at case action to inform the client when their FIP benefit is reduced to $10. The form states the following: You have excess income for FIP. You will receive Extended FIP (EFIP) for 6 months with a grant of $10 less any recoupment if other FIP eligibility requirements are met. If child support collections for your family exceed $60 per month, your EFIP case will close and you will receive child support directly. EFIP will end after 6 months without an additional notice. BEM 519. Does this meet your needs? Amanda	3/18/2013
96	We implemented that – let me get that language, too. Amanda	3/19/2013

	M
93	
94	Attachments saved in following directory:S:\BUDGET\Tracking Logs\Files under 2013-0311-1
95	
96	

	A	B	C	D	E	F	G
97	Frances Carley	SFA		Budget Questions	3/18/2013	2013-0318	ABM RD KF
98	Frances Carley	SFA		Budget Questions-1	3/29/2013	2013-0318-1	ABM RD KF
99	~~Frances Carley~~	~~SFA~~		~~Budget Questions - 2~~	~~3/30/2013~~	~~2013-0318-2~~	~~ABM~~ ~~RD~~ ~~KF~~

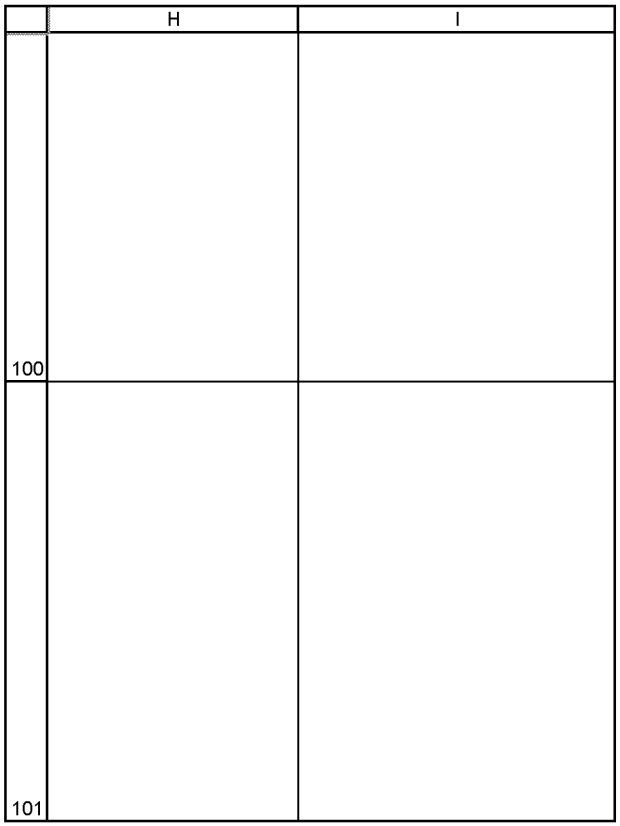
	H	I
97		
98		
99		

	J
97	Hi Amanda, Thanks for the responses to my follow up questions from last week. I have just a few new questions. As far as compliance with the Voting Rights Act goes, does DHS coordinate with the Secretary of State's office? Is there a computer interface that links the systems that allows caseworkers to confirm whether someone is already registered, etc? Recently, I heard that some funding for Michigan 2-1-1 was diverted to either Pathways or PATH. Is this the case? If so, could you tell me how much funding was diverted? Has the funding for Michigan 2-1-1 been reduced for other reasons, and by how much? Do you have updates on the current CW staff-caseload ratios and compliance with the settlement? How does current staffing/funding line up with the resource gap calculations? Thank you, Frances
98	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, March 29, 2013 10:35 AM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices Subject: RE: Budget questions Hi Amanda, Thanks for the detail. Just to make sure I'm reading it correctly, the projected number of CPS workers in the line will be 1,640.0 by the end of the current year; 1,091.9 Direct Care workers; and 561 supervisors? And DHS will need about $18 million from the contingency fund to cover these costs for the remainder of the year? I can keep this information to myself, but will you have some sort of detail that I can share with Senator Caswell and the Committee once the transfer comes up? In terms of the FTE counts that are provided in the Sec. 214 legislative reports, does the Direct Care Workers count include Central Office Positions, MYOI Workers, and CW Funding Specialists? Does the CPS Workers count include the Maltreatment in Care Unit, CPS Centralized Intake Unit, and Central Office Allocated Positions? Thanks, Frances
99	~~OK, I'll just wait for the new detail.~~ ~~I do see that the Health Liaisons are a separate category, but I don't see the individual entry for CPS intake on the Sec. 214 report. Maybe I'm missing something. Which heading is it under? Regarding the Central Office Positions, MYOI Workers, CW Funding Specialists, Maltreatment in Care Unit and Central Office Allocated positions – if they aren't listed with the CPS and Direct Care Workers, could you please tell me which category they fall under?~~ ~~Thanks,~~ ~~Frances~~

	K	L
97	Hi Amanda, Thanks for the responses to my follow up questions from last week. I have just a few new questions. While we do coordinate with the Secretary of State's office, there is not a computer interface currently available to provide this information. I asked for some additional information on this issue, but cannot identify where that misconception may have occurred. Do you have anything further you could send me to help me identify what might be at issue? The monitor's report is available, but I also attached a summary of information. In addition, here are our first quarter projections for three of the child welfare line items – please know that I am sharing these under the understanding that they are for your information only. These do not represent the department's official position on projected year end spending or authorization needs at this time. They are simply one part of the tools we use to monitor the budget. Please keep in mind the following: (1) There are a several assumptions that comprise these projections, all of which can change at any time. That includes the financing. (2) The projections do not assume the transfer of funding from the child welfare staffing enhancement line item yet. We have submitted a transfer request to fully expend this line item in the current year to SBO. Thank you, Frances	3/28/2013
98	Hi Frances, I will be able to send you specific detail when the transfer comes for the Senator. The direct care line will have 20 more workers than the total you have below (the licensure/compliance workers identified as BCAL on the sheet.) Other than that, the total counts are correct. We will be requesting all funding from the child welfare enhancement line item be spent – these totals do not include the fringe benefits which will make up the remaining funding needs. As for the 214 reports, no the data is not as clean as what you are indicating below. That report is based on specific organizational coding that is not necessarily tied directly to our line items, but to our administrative structure. For example there is a separate entry for CPS central intake on the sec. 214 report even though it is funded through the CPS line item. The information I shared with you on the projection material includes some YTD headcount numbers for each category that are solid. Thanks! Amanda	3/29/2013
99	~~Please cancel this request. I don't need the information anymore. Thanks!~~	~~4/2/2013~~

	M
97	Additional questions sent see 2013-0318-1
98	
99	~~Cancelled per Frances Carley as of 4/2/13~~

	A	B	C	D	E	F	G
100	Kevin Koorstra	HFA		Double up Food Bucks Funding	3/28/2013	2013-0318-3	ABM RD KF
101	Frances Carley	SFA		Budget Questions	3/29/2013	2013-0318-4	ABM RD KF


H
I
100
101

	J
100	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Thursday, March 28, 2013 10:31 AM To: Bright McClanahan, Amanda (DHS) Subject: Double Up Food Bucks Funding Amanda, I received a legislative inquiry on Double Up Food Bucks. On their webpage, http://www.doubleupfoodbucks.org/about , they note that DHS helps fund the program. Can you tell me how much DHS provides and what the fund source is (federal, GF/GP)? We also noticed that the Department of Ag is listed as funding this program, so we have asked them the same question. Thanks, Kevin
101	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, March 29, 2013 10:35 AM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices Subject: RE: Budget questions Hi Amanda, Thanks for the detail. Just to make sure I'm reading it correctly, the projected number of CPS workers in the line will be 1,640.0 by the end of the current year; 1,091.9 Direct Care workers; and 561 supervisors? And DHS will need about $18 million from the contingency fund to cover these costs for the remainder of the year? I can keep this information to myself, but will you have some sort of detail that I can share with Senator Caswell and the Committee once the transfer comes up? In terms of the FTE counts that are provided in the Sec. 214 legislative reports, does the Direct Care Workers count include Central Office Positions, MYOI Workers, and CW Funding Specialists? Does the CPS Workers count include the Maltreatment in Care Unit, CPS Centralized Intake Unit, and Central Office Allocated Positions? Thanks, Frances

	K	L
100	Hi Kevin, The department paid for three separate mailings last year regarding the Double Up Food Bucks under contract with the Fair Food Network. The total was just over $118,000 general fund. To my knowledge, we have not yet paid for anything this year. Thanks, Amanda	4/1/2013
101	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, March 29, 2013 12:20 PM To: Frances Carley Cc: DHS-BudgetServices Subject: RE: Budget questions Hi Frances, I will be able to send you specific detail when the transfer comes for the Senator. The direct care line will have 20 more workers than the total you have below (the licensure/compliance workers identified as BCAL on the sheet.) Other than that, the total counts are correct. We will be requesting all funding from the child welfare enhancement line item be spent – these totals do not include the fringe benefits which will make up the remaining funding needs. As for the 214 reports, no the data is not as clean as what you are indicating below. That report is based on specific organizational coding that is not necessarily tied directly to our line items, but to our administrative structure. For example there is a separate entry for CPS central intake on the sec. 214 report even though it is funded through the CPS line item. The information I shared with you on the projection material includes some YTD headcount numbers for each category that are solid. Thanks! Amanda	4/2/2013

	M
100	
101	

	A	B	C	D	E	F	G
102	Frances Carley	SFA		Budget Questions	4/2/2013	2013-0318-5	ABM RD KF
103	Kevin Koorstra	HFA		Request for Information	3/19/2013	2013-0319	ABM RD KF
104	Frances Carley	SFA		Monitor Report	3/21/2013	2013-0321	ABM KF RD

	H	I
102		
103		
104		

	J
102	Amanda, I apologize for sending another email this morning. Do the FTE counts that you sent for the FY 13 transfer calculations include a resource gap? (I sent a question about the resource gap calculations a week or two ago, but didn't receive a log #, so I'm not sure if you saw it). Will DHS meet the CRI ratio requirements by the end of the fiscal year with these staffing projections? Thank you! Frances
103	Kevin, Please see the attached chart in response to Representative MacGregor's request for a five year history of recoupments and collections for DHS. In addition, please see the attached information in response to the subcommittee's request for additional information on welfare fraud investigations and prosecutions. Please let me know if you have any questions, Amanda
104	Hi Amanda, I received a copy of the monitor report. While the report breaks out the number of staff that are in compliance with each ratio, it does not provide an FTE count. Could you please provide the corresponding FTE counts for the Direct Care Workers, CPS Workers, and 1st Line Supervisors? Thank you, Frances

	K	L
102	Hi Frances, The FTE counts I sent do include the resource gap. Please see the attached information on current and projected compliance. Here is a brief history of the resource gap calculations. Beginning in FY 2009, DHS began to augment the CPS allocation in order to meet the caseload requirements of the consent decree and later the Modified Settlement Agreement. In FY 2009 and FY 2010, this augmentation was in the form of a 10% vacancy rate and a 20% training rate. • The vacancy rate was applied to the total number of CPS workers based on caseload. The training rate was applied on the difference between the number of onboard staff and the new allocation. By FY 2011, it became clear that the available metrics were not encompassing all of the work required. CPS Investigations were allocated based on the number of investigations assigned during each month. However, this inadequately accounted for the 37-44 days that investigations encompassed. In recognition of this problem and that the vacancy and training rates were not providing enough staff to meet caseload requirements, a ratable increase began to be applied to the CPS allocation. • The CPS ratable increase was 15.4% in FY 11 and 19% in FY 12. For FY 2013, DHS attempted to simplify these three forms of augmentation by determining the percentage increase that these three factors (vacancy rate, training rate, and ratable increase) would have when combined. At the same time, we were experiencing vacancy rates in CPS that exceeded the 10% vacancy rate; our analysis showed that the actual vacancy rate for CPS was 15%. Combining the 15% actual vacancy rate and the 19% ratable increase resulted in an overall rate of 36.85% which was rounded up to 37% and called the "Resource Gap". • The math works this way. A 15% vacancy rate increase applied to 1071.34 calculated CPS workers equals a 1,232.04 worker subtotal. Applying a 19% ratable increase to the 1,232.04 worker subtotal equals a 1,466.12 CPS worker total. 1,466.12 divided by 1071.34 equals 1.36849 or a 36.85% ratable increase which was rounded up to 37%. Thanks Frances! Amanda	4/2/2013
103	Kevin, Please see the attached chart in response to Representative MacGregor's request for a five year history of recoupments and collections for DHS. In addition, please see the attached information in response to the subcommittee's request for additional information on welfare fraud investigations and prosecutions. Please let me know if you have any questions, Amanda	3/19/2013
104	Frances, Please see the following information in response to your request. For the October 31, 2012 Caseload Count, there were 2,093 DHS FTEs who carried at least one child welfare case (CPS Investigation, CPS Ongoing, Direct Foster Care/Adoption, POS Monitoring, Foster Home Licensing). 1,234 FTEs were CPS workers, including 12 workers who also were assigned some Direct Care cases. 859 FTEs were Direct Care workers, including 9 workers who also were assigned some CPS cases. These FTE numbers do not include staff who did not have at least one child welfare case on the day of the caseload count. There are many reasons why a CPS or Direct Care FTE might not be assigned a case on that day. These reasons include: • New hires/at training– newly hired staff are not allowed to be assigned even one child welfare case until they have completed and passed certain segments of new worker training. Even then, those in new worker training may not yet have been assigned any cases. • Medical Leaves of Absence (MLOA) – staff who are on a medical leave of absence are unavailable to be assigned new cases and their existing casework is reassigned. • Disciplinary Issues – this includes staff who are on corrective action, under investigation, or on a brief suspension. • Non-Caseload Specialists – there are a number of workers who perform CPS or Direct Care activities but are not assigned primary responsibility for a child welfare case. These specialties include CPS Centralized Intake on the CPS side and Child Welfare Funding Specialist, Health Liaisons, Michigan Youth Opportunity Initiative Specialists, Education Planners, and Peer Coaches. • Vacancies – vacant positions are not assigned cases. During this same caseload count, 485 DHS FTEs were Child Welfare Supervisors for at least one child welfare worker who was assigned at least one child welfare case. There were child welfare supervisors who were not included in this count because all of the staff that they supervised were non-caseload carrying. This is true for the CPS Centralized Intake supervisors as well as those who only supervise non-caseload specialists. In addition, those supervisors who were on MLOA, on suspension, or under investigation would not have been counted. Again, vacant supervisor positions would not have been counted either. Thanks	4/2/2013

	M
102	From Frances Carley: Thanks, that does help. Could you please send calculations for the Direct Care Workers resource gap as well? --Frances
103	S:\BUDGET\Tracking Logs\Files Chart & data filed under 2013-0319
104	

	A	B	C	D	E	F	G
105	Frances Carley	SFA Senator Caswell		Lease Information	3/21/2013	2013-0321	ABM
106	Frances Carley	SFA		Lease Information	4/1/2013	2013-0321-1	ABM RD
107	Kevin Koorstra	HFA		FIS/ES Caseload Calculations	3/27/2013	2013-0327	J. Phillips ABM

	H	I
105		
106		
107		

	J
105	Frances, Please see the attached lease information for MRS as requested by Senator Caswell for the subcommittee. I would like to note that we have indicated which offices are co-located with Michigan Works! Agencies, and when that is the case, the particular MWA associated with that office. The lease costs per square foot vary widely from $8.40 to $45.72, with an average of just under $18 statewide. As Brian Rooney indicated in his testimony, DHS is looking at each lease to determine what changes, if any, need to be made going forward. In cases where the MRS office is co-located with an MWA, we are working directly with that MWA as needed. Please let me know if you need anything further. Amanda
106	Thanks. Your email reminded me to follow up on the other questions from the MRS hearing. In addition to the lease information, the Subcommittee had the following requests: • They would like updates on the audit every quarter, along with a one-page update on MRS changes so that they are kept up to date and can discuss the issues with DHS. • How many MRS customers are there by county? How many are being served or not served due to lack of capacity? Would like more information. --Frances
107	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, March 27, 2013 2:58 PM To: Berger, Duane (DHS); Bright McClanahan, Amanda (DHS); Mandy Bolter; Dan Dundas Subject: FIS/ES caseload calculations Duane and Amanda, Representative MacGregor's office ask me to pass along my PA caseload calculation. I have 2 attachments. The first one is my caseload calculations. I used the Sec. 214 reports for the number of FIS and ES FTEs during March 2009, March 2010, March 2011, March 2012, and December 2012. I then used the number of unduplicated PA recipients from your Trend Report Table 1 for those same months. Since there is not a single Trend Report showing total unduplicated cases, I had to make a best guess using the number of recipients per case from Tables 2 and 3. The key piece of this calculation is to show caseload trends over time. The second attachment is an old DHS table showing caseload per FIS/ES. And those numbers seem to align with my calculation for the number of recipients (not cases) per FIS/ES worker. Thanks, and let me know if you have any questions. Kevin

	K	L
105	Frances, Please see the attached lease information for MRS as requested by Senator Caswell for the subcommittee. I would like to note that we have indicated which offices are co-located with Michigan Works! Agencies, and when that is the case, the particular MWA associated with that office. The lease costs per square foot vary widely from $8.40 to $45.72, with an average of just under $18 statewide. As Brian Rooney indicated in his testimony, DHS is looking at each lease to determine what changes, if any, need to be made going forward. In cases where the MRS office is co-located with an MWA, we are working directly with that MWA as needed. Please let me know if you need anything further. Amanda	4/1/2013
106		
107	Hi Kevin, Jeremy Phillips in my office worked through the calculations and developed the attached comparison. In summary, it appears that when the 1.84 ratio of recipients to cases was developed, a portion of the recipients were double-counted. As a result, the number of cases calculated was lower than what the actual caseload includes. Using the same data sources that you indicated and controlling for the duplication, the ratio we derived is 1.7. The changes the worker to caseload ratio as well, increasing the number of cases per FTE. I thought we could start the conversation with the attached information – Jeremy is available to talk through methodology a bit more as needed. And then we can circle back to see what points we need to look at further. Thanks Kevin! Amanda	4/1/2013

	M
105	Files located in the following directory: S:\BUDGET\Tracking Logs\Files Legislative Tracking Log 2013-0321
106	We're still working on the last one … we will add the other to our tracking and make sure we meet the quarterly updates requested. Thanks Frances! Amanda
107	Files located in the following directory: S:\BUDGET\Tracking Logs\Files Legislative Tracking Log 2013-0327

	A	B	C	D	E	F	G
108	Frances Carley	SFA		Caregiver Licensure Questions	3/28/2013	2013-0328	ABM RD KF
109	Kevin Koorstra	HFA		HB 4360 & 4361	4/1/2013	2013-0401	ABM Al Kimich
110	Frances Carley	SFA		Old LIHEAP State Plans	4/2/2013	2013-0402	ABM RD KF
111	Kevin Koorstra	HFA		Legislative request on APS	4/10/2013	2013-0410	ABM KF

	H	I
108		
109		
110		
111		

	J
108	Hi Amanda, Do you have information on boilerplate section 574? The section refers to funding that is allocated to child placing agencies for the licensure of relative caregivers and family incentive grants. How much was actually spent on each of these items in FY 12 and FY 13 YTD? Thank you, Frances
109	Al and Amanda, The House Regulatory Reform committee has the lottery and liquor license penalties bills on the agenda for next week Tuesday the 9th. Do either of you have an estimation on the number of retailers that could be penalized? Or would it also be appropriate for me to note that the OIG conducted 184 Bridge Card trafficking IPV hearings as you noted in the House Subcommittee presentation? I am just trying to provide the House Committee with some context on the administrative impact these bills would have on the Lottery and Liquor commissions. Thanks, Kevin
110	Hi Amanda, I don't think anyone else has the old state plans. Could you please send me the plans for FY 04 – FY 07? Thanks, Frances From: Frances Carley Sent: Monday, April 01, 2013 8:30 AM To: 'Kevin Koorstra'; Bright McClanahan, Amanda (DHS); Marlon (DTMB) Brown (brownm55@michigan.gov) Subject: Old LIHEAP state plans If anyone has the FY 04 through FY 07 LIHEAP state plans, would you please send copies to me? Thanks, Frances
111	Amanda and Karyn, I received a question about a central registry for persons found to have committed adult abuse/neglect/exploitation. In particular SB 73 that would create an adult abuse registry. Where is that information currently located? Does DHS have a registry, or is that information within State Police? I believe the answer is that there is no "central registry", but State Police performs criminal history checks based on certain convictions under the Penal Code. Thanks Kevin

	K	L
108	Frances, Here is the information for the items below. Family Incentive Grant – Funding is provided as needed to support families becoming foster placements. FY12 total expenditures = $405,277 Current year, as of 3-22-13, = $94,458 Licensure – The rate is $2,300 per licensed family. FY12 total expenditures = $1,432,950 Current year expenditures, as of 3-22-13, = $554,900 Thank you, Amanda	3/29/2013
109		
110	Here are the state plans Frances. Thanks! Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Tuesday, April 02, 2013 8:52 AM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS) Subject: RE: Old LIHEAP state plans Hi Amanda, I don't think anyone else has the old state plans. Could you please send me the plans for FY 04 – FY 07? Thanks, Frances	4/4/2013
111		

	M
108	
109	
110	Files located in the following directory: S:\BUDGET\Tracking Logs\Files under Legislative Log #2013-0402
111	

	A	B	C	D	E	F	G
112	Frances Carley	SFA		Transfer Questions	4/12/2013	2013-0412	ABM RD KF
113	Kevin Koorstra	HFA		LIHEAP	4/12/2013	2013-0412-1	ABM RD KF

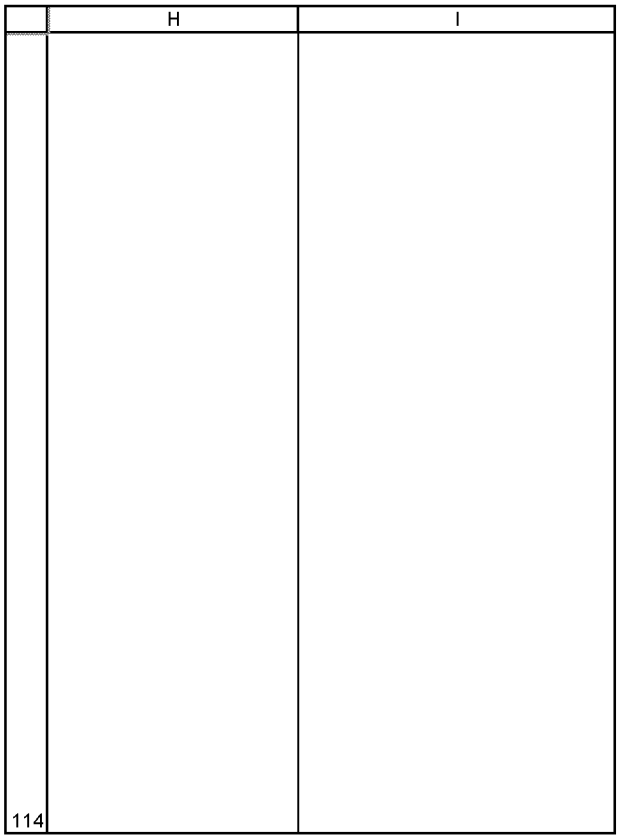
	H	I
112		
113		

	J
112	Amanda, I tried to coordinate with Kevin, but I think that both of us have too much to do at this point. Unfortunately, it just didn't work out this time. I might have some additional questions next week, depending on the members. 1. Child Welfare Staffing Enhancement Line • How many new FTEs do you project in each line with the funding? • Where will these FTEs get the department in terms of compliance? 2. DD and Retirement IDG • A similar request to transfer restricted funding to an IDG was requested last session. Since this type of shift requires a supplemental, the transfer was pulled. 3. Regarding the $200,000 request for the child welfare institute line item, why is it below the necessary level? Is this related to OPEB costs? Are any other transfers (aside from Payroll) due to OPEB costs? 4. Are the travel costs offset by any other reductions in FY 13? 5. Adoption Subsidy – what is the Department's plan to cover the $3 per diem expenditures in FY 14? 6. What are the ongoing costs in the SSI Advocates line? Is this for staffing? 7. With the Bay Pines and Shawono transfers, the letter from SBO notes that the request is to cover the census and expenditures to date. Could you please provide information on the cuts that were planned for each facility in order to meet the FY 13 appropriation levels? Why weren't the cuts achieved, particularly at Bay Pines? 8. Several of the lines that were cut due to lapses are included in the transfer request. Several lines have more than half of their appropriation in the remaining balance, including Child Support Enforcement, Office of Program Policy, Wage Employment Verification Reporting, Children's Services Salaries and Wages, and Disability Determination Services. Are there additional costs projected in these lines that will show up at the end of the year, and if so, please provide background on these increases. Thank you, Frances
113	Amanda, I have received a couple questions about the state "leaving federal LIHEAP money on the table". Is there any merit to that? Or is DHS planning to accept all LIHEAP money that the feds allocate to Michigan? Your spending plan you provided seemed to indicate that DHS was planning to accept all of the LIHEAP money. Thanks, and have a good weekend. Kevin

	K	L
112	Kevin, Frances, Thank you for meeting with us this morning to discuss your transfer questions. I have summarized our discussion below and would like confirmation that we addressed all of these issues. I have indicated information requests pending where appropriate. Transfer Questions – Year-End Package November 5, 2013 1. How many FTEs were hired in FY 13? What is the current compliance rate for the settlement ratio? a. Total headcount has averaged between 535 and 545 all year in total FTEs. There were 64 promotions and 3 new hires during the year. b. The most recent compliance rate was shared earlier from July data. October data is not yet available. 2. Fringes transfers –Did DHS/SBO know at time of the April transfer request that the state could not claim the $40+ million in other federal revenues added to the fringes line? a. We discussed that DHS based the transfer request on the best information available at the time for fund sourcing and indicated in the spring DHS would likely have to return later in the year for fund sourcing adjustments throughout the budget. b. We discussed a number of factors impacting the department's TANF utilization and federal cost allocation. In particular, TANF utilization is based on many factors, including TANF MOE needs and cost allocation spreads. In particular, it is difficult to predict quarter over quarter changes in FFP and what sources are ultimately to be used to fund source an item. This is due not only to changes in the random moment time study results quarter over quarter, but also due to capped funding sources. c. We discussed federal funding changes across the department from one projection period to another, emphasizing that the first quarter analysis the April transfer was based on is not as reliable as those later in the year. 3. ESLOA transfers – why is there a significant lapse in this line? Are counties offices not spending their allocations? Were there programmatic changes? Fewer applications? related to DHS' budgetary savings plan? a. The department's budgetary savings plan included a reduction in the ESLOA line item of $1,984,100. In addition, the department is projecting the total lapse $2.3 million beyond the budgetary savings plan. It is difficult to project how the allocations are going to be used. Local county allocations were not reduced as a result of the budgetary savings plan. b. We discussed changes in department processes moving forward, allocating funds at the Business Service Center level to maximize flexibility to move funding between counties as needed to meet client needs. 4. CPP transfer – is there $5.3 million TANF to transfer? Business Objects shows $9.7 million in 100% TANF related expenditures and TANF is also used for the personnel cost pool that is also supported in this line. The lapse is related to DHS' budgetary savings plan, correct? a. We agreed that this needed to be corrected as there is not sufficient authority in the CPP line item to transfer out. We agreed to advance to SBO a revised transfer request with an adjustment to move authority into the CPP line item through the legislative transfer. b. The lapse is related to the budgetary savings plan. 5. CSBG transfer – Can you provide the award letter(s)? I can only find tables that show the state's allocation at $23-24 million. a. We discussed this issue in depth in concert with the Senate question below. 6. YIT-Training transfer – what in either YIT or training needs GF/GP or where cannot GF/GP be used in replace of TANF? Does YIT need GF/GP related to federal matching requirements? Is the TANF related to the reduction in the Homeless and runaway youth contracts?	4/26/2013
113		

	M
112	
113	

	A	B	C	D	E	F	G
114	Kevin Koorstra	HFA		DHS Transfer Questions	4/15/2013	2013-0415	ABM RD KF

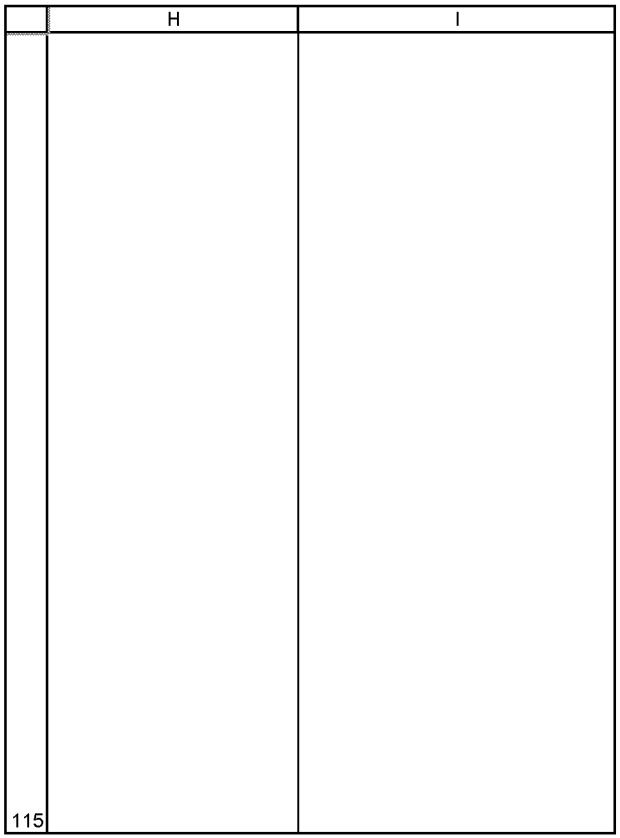

H
I
114

	J
	Amanda, HFA has the following questions about the DHS transfer request. There are a few transfer requests that seem to be needed because retirement costs are coming in higher than budgeted. For example, 12080 was only increased $10m in FY13 for retirement and OPEB employee economics, but it appears that FY13 Oct-March retirement and OPEB expenditures have already exceeded FY12 spending during Oct-March by over $30 million. One explanation I can think of is when the retirement rate for DB and DC employees was standardized across the two classifications the wrong rate was used to calculate the retirement/OPEB employee economics. Am I on the right track, or is there something else going on with retirement cost increases? 11010 Salaries and wages -There seem to be more FTEs in this line item than when this line was rebased. Are these new staff, or are these new staff transferred from a different line item? If they are transfers, what lines are these staff coming from? - The FY14 Exec Rec is less that the new FY13 authorized, so will there be a need to increase the FY14 line? Or does DHS plan on find savings in that line for FY14? 72010 Salaries and wages -Will the FY14 budget need to be increased because of the additional staff? Or does DHS plan to find enough savings in this line item so that a FY14 transfer is not needed? 57390 - CTF admin -Will the FY14 budget need to be increased because of the additional costs? Or does DHS plan to find enough savings in this line item so that a FY14 transfer is not needed? 12840 - Worker's Compensation -It appears that FY13 will be the first year in a while where expenditures will increase ($2.2 million to $2.3 million). Do you have any explanation why this line will increase? -The FY14 budget only provides $1.7 million, so will the FY14 appropriation need to be increased? 74440 - Medical/psychiatric evaluations -Was DHS not able to achieve the $1.4 million in savings by implementing a statewide drug testing contract? Will DHS be able to achieve those savings in FY14? 62300 - Donated funds position -Should the FY14 budget be increased as well? 62600 - SSI Advocates -Is there enough SSI recoveries to fund this increase? DHS only received $13.5 million in FY11 and $9.2 million in FY12 and the FY13 budget already appropriates $15.8 million in SSI recoveries. 62700 - Training and Program Support -There seem to be more FTEs in this line item than when this line was rebased. Are these new staff, or are these new staff transferred from a different line item? If they are transfers, what lines are these staff coming from? 81350 - Office of Program Policy
114	-Is there sufficient funding for this line item in FY14?

	K	L
114	From: Bright McClanahan, Amanda (DHS) Sent: Friday, April 26, 2013 7:52 PM To: 'Kevin Koorstra'; Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: 'Frances Carley'; Kangas, Susan (DHS); Ferrick, Karyn (DHS); Berger, Duane (DHS); Gehm, Paul (DHS); Kimmith, Dean (DTMB); Overbey, Charles (DTMB) Subject: RE: DHS Transfer questions Kevin, Please see the responses to your questions below and as attached. I need a bit of clarification on a couple of the items. Thank you, Amanda Amanda Bright McClanahan Director, Budget and Grant Management Division Department of Human Services 517-241-9056 brighta@michigan.gov From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Monday, April 15, 2013 5:27 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: Frances Carley Subject: DHS Transfer questions Amanda, HFA has the following questions about the DHS transfer request. There are a few transfer requests that seem to be needed because retirement costs are coming in higher than budgeted. For example, 12080 was only increased $10m in FY13 for retirement and OPEB employee economics, but it appears that FY13 Oct-March retirement and OPEB expenditures have already exceeded FY12 spending during Oct-March by over $30 million. One explanation I can think of is when the retirement rate for DB and DC employees was standardized across the two classifications the wrong rate was used to calculate the retirement/OPEB employee economics. Am I on the right track, or is there something else going on with retirement cost increases? We are working with SBO on this issue currently. You are correct; the department is incurring charges above what we had anticipated in retirement costs and OPEB in the current year. The department currently incurs approximately $10 million in OPEB charges each pay period. Total fringe charges hitting the line item have increased from 70% of the salary and wage base in FY12 to 77.5% of the base in 2013. I did attach a graph of what we have been looking at for your information. I think it illustrates pretty clearly that the hiring trends going into budget negotiations last year were on the uptick. Further, additional FTEs for child welfare field staff as well as the increase in salaries as prescribed in economics drove the payroll base higher for the impacted lines. But as you can see, that the appropriation is lagging behind the charges in 12080 for the first time in the last three years, where the impact is the most stark. We have not had an increase in total overall FTEs in the department to drive the increase you identify above.	4/29/2013

	M
114	Thanks. Attached is the table I used to review changes in FTEs. I looked at 3 pay periods during the time I reviewed expenditures to come up with the House Current Services Baseline, and I then looked at the 4 pay periods in January and February. I believe I highlighted the line items where I asked about increases in on-board FTEs. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, April 26, 2013 8:00 PM To: Kevin Koorstra; Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: 'Frances Carley'; Kangas, Susan (DHS); Ferrick, Karyn (DHS); Berger, Duane (DHS); Gehm, Paul (DHS); Kimmith, Dean (DTMB); Overbey, Charles (DTMB) Subject: RE: DHS Transfer questions Kevin, I need to correct myself on one item below. At 8 p.m., I must admit the lines are starting to become a bit blurry when I am looking at my budget review documents for the current year. In red below – thank you and have a nice weekend! Amanda

	A	B	C	D	E	F	G
115	Kevin Koorstra	HFA		DHS Transfer Questions	4/30/2013	2013-0415-1	ABM KF RD

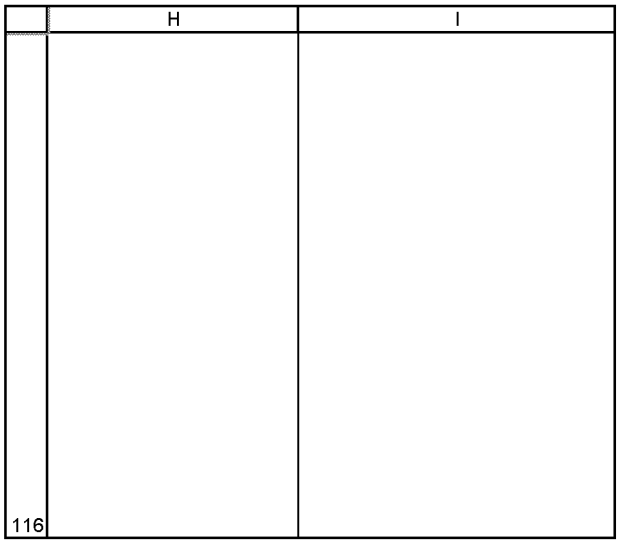

H
I
115

	J
	Here is my business objects query. I think the work sheet "data (4)" matches up with the excel table I provided, and the numbers are within 0-1 FTEs per pay people with the information you added. -----Original Message----- From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, April 29, 2013 12:27 PM To: Kevin Koorstra; Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: 'Frances Carley'; Kangas, Susan (DHS); Ferrick, Karyn (DHS); Berger, Duane (DHS); Gehm, Paul (DHS); Kimmith, Dean (DTMB); Overbey, Charles (DTMB) Subject: RE: DHS Transfer questions Kevin, I added some information to the table. As you can see, we have some pretty sizeable differences between pay periods, especially in Exec Ops. Do you know what you included in your query? I want to make sure we are comparing apples to apples. In any event, the hiring trends leading into budget negotiation for 2013 were on the rise and then leveled off as we expected. We did indicate that when we talked through the rebasing the House completed, and our concerns that our on-board staff at the time would not be fully supported. The discussion then moved to the potential for transfers as needed, with SBO's approval, to be submitted to the Legislature for consideration. That is the process the department views itself in now. Thanks, Amanda _____ From: Kevin Koorstra [kkoorstra@house.mi.gov] Sent: Monday, April 29, 2013 9:40 AM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: 'Frances Carley'; Kangas, Susan (DHS); Ferrick, Karyn (DHS); Berger, Duane (DHS); Gehm, Paul (DHS); Kimmith, Dean (DTMB); Overbey, Charles (DTMB) Subject: RE: DHS Transfer questions Thanks. Attached is the table I used to review changes in FTEs. I looked at 3 pay periods during the time I reviewed expenditures to come up with the House Current Services Baseline, and I then looked at the 4 pay periods in January and February. I believe I highlighted the line items where I asked about increases in on-board FTEs. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, April 26, 2013 8:00 PM To: Kevin Koorstra; Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: 'Frances Carley'; Kangas, Susan (DHS); Ferrick, Karyn (DHS); Berger, Duane (DHS); Gehm, Paul (DHS); Kimmith, Dean (DTMB); Overbey, Charles (DTMB) Subject: RE: DHS Transfer questions Kevin,
115	

	K	L
115		

	M
115	

	A	B	C	D	E	F	G
116	Marlon Brown	SBO		SB 192 Committee Report	4/17/2013	2013-0417	Frances Carley


H
I
116

	J
116	From: Brown, Marlon (DTMB) [mailto:brownm55@michigan.gov] Sent: Wednesday, April 17, 2013 2:25 PM To: Frances Carley Cc: Kimmith, Dean (DTMB); Horn, Daniel (DTMB) Subject: SB 192 Committee Report Frances, Can you please forward a copy of SB 192 as amended with any additional detail files you may have. Can you also share the text of all the amendments. We are trying to update our tracking files, and wanted to know how to represent some of the changes that were made in the full approps committee today. Thank you, Marlon Marlon I. Brown Budget and Policy Analyst Office of Health and Human Services State Budget Office Phone: 517.241.7578 Email: brownm55@michigan.gov

	K	L
116	Hi Marlon, I'm working on sending the updates to LSB now. Five amendments passed – they are attached. I'll forward the new bill when it's ready. -Frances	4/17/2013

	M
116	S:\BUDGET\Tracking Logs\Files

	A	B	C	D	E	F	G
117	Kevin Koorstra	HFA		HB 4013 - MA Pooled Trusts	4/22/2013	2013-0422	ABM
118	Kevin Koorstra	HFA		One more transfer question	4/22/2013	2013-0422-1	ABM
119	Kevin Koorstra	HFA		DHS Adopted Amendments	4/24/2013	2013-0424	ABM

	H	I
117		
118		
119		

	J
117	Amanda and Karyn, I am not sure of DHS is the lead agency on HB 4013, so HFA is also asking DCH about this bill. But looking over HB 4013, it just appears that this bill codifies federal law and current DCH/DHS policy. Is that correct, or is there something in this bill that would require current policy to be revised? This bill is on the Financial Liability Committee Agenda this Thursday, so a prompt response is appreciated. Kevin
118	Was the legal opinion on the $3 adoption subsidy increase from the AG or from DHS' own legal office? Either way, is that written opinion something that you are allowed to share with HFA?
119	Are attached. I will pass along my summary and other documents, once they have been revised.

	K	L
117	Kevin, I know it is late, but I wasn't sure if this provided any assistance to you. Thank you, Amanda From: Bright McClanahan, Amanda (DHS) Sent: Tuesday, April 23, 2013 3:57 PM To: 'Kevin Koorstra'; Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS) Subject: RE: HB 4013 - MA Pooled Trusts Hi Kevin, DHS is not the lead agency on the bill; I don't really know a great deal about it. I do know we are working with DCH to address some concerns we have with the bill, but I am not clear as to what those issues may be. I have asked the individual in charge of this area within DHS for further information on your question. I will let you know if current policy would have to be revised under the bill. Thank you, Amanda ========== Hi Kevin, DHS is not the lead agency on the bill; I don't really know a great deal about it. I do know we are working with DCH to address some concerns we have with the bill, but I am not clear as to what those issues may be. I have asked the individual in charge of this area within DHS for further information on your question. I will let you know if current policy would have to be revised under the bill. Thank you, Amanda	4/29/2013
118	Sent to ABM from Kevin Koorstra see comments	4/24/2013
119		

	M
117	Files located in the following directory: S:\BUDGET\Tracking Logs\Files
118	Files located in the following directory: S:\BUDGET\Tracking Logs\Files under Legislative Log #2013-0424
119	

	A	B	C	D	E	F	G
120	Frances Carley	SFA		Follow up Transfer Questions	4/29/2013	2013-0429	ABM KF RD
121	Kevin Koorstra	HFA		List of Transfer Priorities	4/30/2013	2013-0430	ABM
122	Kevin Koorstra	HFA		New Child Welfare Staff Calculation	4/30/2013	2013-0430-1	ABM
123	Frances Carley	SFA		Energy Assistance Question	4/30/2013	2013-0430-2	ABM RD KF
124	Frances Carley	SFA		Energy Self-Sufficiency Pilot Program	5/2/2013	2013-0502	ABM RD KF

	H	I
120		
121		
122		
123		
124		

	J
120	Hi Amanda, Thanks. I have just two, brief follow-up questions (see below). 1. Child Welfare Staffing Enhancement Line • How many new FTEs do you project in each line with the funding? I forwarded the projections that built the transfer request. Those are still our best estimate at this time. • Where will these FTEs get the department in terms of compliance? We anticipate that we will be in compliance with the next monitor's data pull. However, purchase of service monitoring continues to be of concern. Heading into October, we believe with the additional funding requested as part of the Executive Recommendation, we will be in compliance. Again, as we have discussed, however, we continue to work on the projections to determine that for certain. I look forward to discussing this issue further next week. How many FTEs will be added to each line with the transfer? 2. Several of the lines that were cut due to lapses are included in the transfer request. Several lines have more than half of their appropriation in the remaining balance, including Child Support Enforcement, Office of Program Policy, Wage Employment Verification Reporting, Children's Services Salaries and Wages, and Disability Determination Services. Are there additional costs projected in these lines that will show up at the end of the year, and if so, please provide background on these increases. I did provide some additional information on these issues in an email to Kevin you were copied on. Child support enforcement needs are based on the current contract need as it is encumbered for the current year. The SDU contract is fully encumbered at the beginning of the fiscal year, with "draws" against that encumbrance as the fiscal year unfolds. We are asking for sufficient authorization to fulfill that contract. For wage employment verification reporting in particular, the line item is a back heavy account. The majority of spending is actually through interagency billings from DCH and the statewide new hire database. As a result, the spending year to date understates what final spending will be for FY2013. It appears that in 2012, the bulk of those interagency billings actually occurred in the 3rd and 4th quarter. Are you projecting additional, end-of-year expenditures for the other three items in the list?
121	Amanda, You mentioned that you could provide Representative MacGregor with a priority list of the transfer items. So could you pass that along to us? Thanks. Kevin
122	Here is my calculation of the net change in child welfare staffing levels. The first total (192 additional FTEs) simply looks at the difference between two pay end dates 9/15/2012 and 3/16/2013, the second total (220 additional FTEs) looks at 4 pay period averages. I only look through March 16 because I did this calculation a month or so ago. Kevin
123	Amanda, Could you please send me information on the DTE pilot program for low-income energy self-sufficiency? Specifically, I'm looking for anything on the program design, goals, projected outcomes, as well as budget projections for statewide implementation. Thank you, Frances
124	Hi Amanda, I've received some information regarding the DTE pilot program (the powerpoint from Tuesday's hearing). I'm reviewing some of our correspondence from February and there was no mention of the pilot program as a step in implementing 2012 PA 615 (see attachment). From what I understand, PA 615 would go into effect with any appropriation to the Michigan Energy Assistance Program, so I'd like to see how the pilot program fits in with the legislation. What are the guidelines and parameters of the pilot program? Will other utilities implement the program? Additionally, any information that shows how the pilot program specifically aligns with or diverges from the guidelines that are set in PA 615 would be helpful. Thank you, Frances

	K	L
120		
121		
122		
123		
124		

	M
120	
121	
122	
123	
124	

	A	B	C	D	E	F	G
125	Kevin Koorstra	HFA		Retirement across Agencies	5/2/2013	2013-0502-1	ABM RD KF
126	Kevin Koorstra	HFA		Pending Legal Questions	5/3/2013	2013-0503	ABM RD KF
127	Frances Carley	SFA		Sequester and SSBG	5/6/2013	2013-0506	ABM RD

	H	I
125		
126		
127		

	J
125	Excellent work. I'll have to sit down with the numbers to make sure that I understand everything. I think I get it, but I wouldn't be able to explain it to anyone else at this point. From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Thursday, May 02, 2013 3:47 PM To: Amanda (DHS) Bright McClanahan; Frances Carley Subject: Retirement across agencies See attached. The first worksheet looks at the difference between the net expenditure increase and the net SBO economic factor increase from FY 2012 to 2013. The second worksheet looks at 2012, and the third worksheet looks at 2013. So, retirement expenditures are not aligning with the SBO Economic Factor Tables across all agencies. And I do not believe that it is simply that the appropriations are lapsing, because, for example, Correction retirement expenditures were under the SBO base by almost $80 million in FY12. But they only lapsed $2.3 million GF/GP in FY12 (see attached). Correction's base salary and base insurance expenditures were quite close to the amounts in the SBO tables. You also have to case where the SBO table is saying that you have enough appropriation authority to cover retirement costs in FY13, but that isn't the case. Kevin
126	Amanda, I asked a while ago if you could provide me with the legal opinion DHS received about separation out exception medical care from the DHS JJ facility per diems. I never received that, so is that something you could provide? Also I asked, a week or so ago, if I could see the legal opinion DHS received about having to provide the adoption subsidy rate increase to all cases. Is that something you could provide? Thanks, Kevin
127	Hi Amanda, Will the sequester reduction in the SSBG affect any particular program(s), or are you taking the reduction from multiple – or all – of the SSBG funded lines? Thanks, Frances

	K	L
125		5/2/2013
126		
127	Frances, The SSBG cut is being addressed by not paying out the clothing allowance for FIP eligible cases in the current year. Title XX is really isolated to child welfare services and staffing as well as adult services and staffing in the budget. For each of these, any SSBG reductions would result in a direct GF impact; there are no other uncapped fund sources available to support these areas. As a result, the department was required to identify a reduction resulting in an equal amount of GF savings as was needed for the SSBG reduction. This allows the department to address the resulting GF need from the SSBG impact with a targeted reduction. We will require year end transfers to address fund sourcing in the affected line items. It will also be important to recognize this as part of any financing adjustments associated with the FIP line as part of caseload consensus. Thank you, Amanda	5/7/2013

	M
125	Files located in the following directory: S:\BUDGET\Tracking Logs\Files under Legislative Log #2013-0502-1
126	
127	

	A	B	C	D	E	F	G
128	Frances Carley	SFA		Caseload Projections	5/7/2013	2013-0507	ABM RD T. Drum
129	Kevin Koorstra	HFA		Caseload Information	5/7/2013	2013-0507-1	ABM

	H	I
128		
129		

	J
128	Thank you for the IV-E waiver information. I'll read through everything this morning and try to send my questions out by the end of the day. In addition to this, does DHS have the number of FIP litigation cases by month for FY 12 and FY 13? Also, have you heard anything from Wayne County regarding the Child Care Fund? -Frances
129	Thanks. How reliable do you feel is the $162.2 million? In other words, how close has FY expenditures for Wayne County come to their budget plans? Kevin

	K	L
128	Frances, Kevin, Here are our numbers to date. We believe there are likely some lingering cases that continue as we do the final sweeps through the caseload. We do not yet have April data to confirm how many that may be. Further, all of these cases are required to be paid for with GF. There will be a JV to adjust the financing as needed to ensure that. So the fund sourcing in the attached is a bit misleading. Wayne County has not submitted a bill and it appears that they will not before consensus. If that changes, I will inform you as soon as possible. Their amended budget stands at $162.2 million (state and county shares.) We have assumed a level of spending of their amended budget based on prior year trends to come up with our projections internally. (SBO's projections are produced independently and may use other methodologies.) Thanks, Amanda per Terry Drum: George doesn't think his crew has been tracking numbers by month. I'm not sure that we have anything official, and with Kevin gone hopes of getting data are diminished. Thoughts? Direction?	5/7/2013
129	Historically, Wayne County has spent between 91% and 99% of its budgeted amount. The $162.2 million is the adjusted budget amount for the current year and has been reviewed and approved by the department after changes to the County's original submission. From those numbers, I think it's clear that Wayne County bills out the vast majority of its budgeted amount. We made that assumption in our own projections. Amanda From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Tuesday, May 07, 2013 2:02 PM To: Bright McClanahan, Amanda (DHS); 'Frances Carley' Cc: Doll, Ryan (DHS); Drum, Terry (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: RE: Caseload Information Thanks. How reliable do you feel is the $162.2 million? In other words, how close has FY expenditures for Wayne County come to their budget plans? Kevin From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Tuesday, May 07, 2013 12:20 PM To: 'Frances Carley' Cc: DHS-BudgetServices; Doll, Ryan (DHS); Drum, Terry (DHS); Kevin Koorstra; Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: RE: Caseload Information Frances, Kevin, Here are our numbers to date. We believe there are likely some lingering cases that continue as we do the final sweeps through the caseload. We do not yet have April data to confirm how many that may be. Further, all of these cases are required to be paid for with GF. There will be a JV to adjust the financing as needed to ensure that. So the fund sourcing in the attached is a bit misleading. Wayne County has not submitted a bill and it appears that they will not before consensus. If that changes, I will inform you as soon as possible. Their amended	4/24/2014

	M
128	Files located in the following directory: S:\BUDGET\Tracking Logs\Files under Legislative Log #2013-0507
129	Thanks. In addition, can you explain the payments within the CCF that are coded “court refusal payments-CTY & ST Share”? Are these costs that the state has to pay for up front because the county does not want to pay, with the hope that the county will eventually pay 50%? Or are these essentially “sunk” costs? Kevin From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Thursday, April 24, 2014 3:21 PM To: Kevin Koorstra; 'Frances Carley' Cc: Doll, Ryan (DHS); Drum, Terry (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: RE: Caseload Information Sure can… I will get it over to you. Amanda

	A	B	C	D	E	F	G
130	Frances Carley	SFA		Caseload Information (Contract align with actual expenditures)	5/7/2013	2013-0507-2	ABM
131	Kevin Koorstra	HFA		Indigent Burial	5/10/2013	2013-0510	ABM
132	Frances Carley	SFA		JJ Facility and technical fixes	5/13/2013	2013-0513	ABM

	H	I
130		
131		
132		

	J
130	How does the contract align with the actual expenditures that are attributed to Wayne County in Business Objects? I ran a couple of reports (attached) on Wayne County's claims in the CCF: FY09 - $77,774,228 FY10 - $67,201,067 FY11 - $66,675,514 FY12 - $75,470,625 Thanks, Frances
131	Amanda, Is there any way to get the number of burial services provided by type (e.g. burial with service, cremation without services, transportation of donated body, etc.)? The Trend Report shows about 1,300 payment per month, so could I get the last 4 months or there about? Thanks, Kevin
132	Hi Amanda, I'm looking into the JJ facilities calculations in the House budget and would like to know any potential additional costs that are not accounted for. Kevin included an offset for residential facility placements. Does DHS have estimates of additional maintenance/closure costs, legacy and/or other costs for employees, or transition costs for youth (transportation, additional case management to transfer them to new placements)? Also, I sent a list of fixes to Kevin that I need to make in the Conference budget (depending on the agreements). They are as follows: FIXES - LSB suggested a couple of technical changes to Sec. 590 – one of the new Senate amendments. -620 – too many "appropriations" in one sentence. -709 – too many "ands" in the sentence -SSI Admin line spending – shift to correct line -Fix Senate budget 6.0 FTEs formula in Exec Ops -Unroll One-Time TANF funding -Change act to article (depending on whether the Senate or House budget is used as the base for Conference) My TANF disbursement was set off balance due to the negative appropriation from savings in the Staff and Cost Contingency Fund line item. Rather than adjust the TANF in other lines not affected by the new Staff and Cost line, it seemed more straightforward at the time to draw the TANF from line items where savings had been redirected to the Staff line. Kevin and I will adjust the TANF calculations according to the final Conference recommendations. Thank you, Frances

	K	L
130		
131		
132		

	M
130	
131	
132	

	A	B	C	D	E	F	G
133	Frances Carley	SFA		Transfer Question	5/15/2013	2013-0515	ABM
134	Frances Carley	SFA		Transfer Question-A	5/15/2013	2013-0515-1	ABM
135	Frances Carley	SFA		Guardianship Assistance	5/15/2013	2013-0515-2	ABM

	H	I
133		
134		
135		

	J
133	Amanda, Does the $6.7 million for the Payroll Taxes line only include CPS Workers? Or does this increase also include fringes for Second Line Supervisors? The way I understood the request is that it only includes the CPS Workers. Thanks, Frances
134	Thank you. Would DHS and SBO agree with the removal of a portion of the payroll taxes? I assumed 12% for a reduction that is proportionate to the 2nd Line Sups percent of total salaries (see attached). -Frances
135	Hi Amanda, I'm researching the Guardianship Assistance Program per diem rates and have just a couple of questions about the program. -What is the average payment for ages 0-12 and also ages 13-18? -Are there minimum payments in place? If so, what are they? -What is the percent of payments that receive the DOC supplements? Thank you, Frances

	K	L
133	It includes both. Amanda	5/15/2013
134	Thanks. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, May 15, 2013 12:23 PM To: Frances Carley Subject: RE: Transfer Question That's fine Frances – thank you!	5/15/2013
135	Hi Frances, Please see responses to your guardianship assistance questions below. Thanks, Ryan From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, May 15, 2013 1:38 PM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS) Subject: Guardianship Assistance Hi Amanda, I'm researching the Guardianship Assistance Program per diem rates and have just a couple of questions about the program. -What is the average payment for ages 0-12 and also ages 13-18? The Average payment for 0-12 is $642.54 The Average Payment for 13-18 is $792.61 -Are there minimum payments in place? If so, what are they? At this time there is not minimum. -What is the percent of payments that receive the DOC supplements? The percent with a DOC is 41% Thank you, Frances	5/17/2013

	M
133	
134	
135	

	A	B	C	D	E	F	G
136	Frances Carley	SFA		CPS Staffing	5/17/2013	2013-0517	ABM

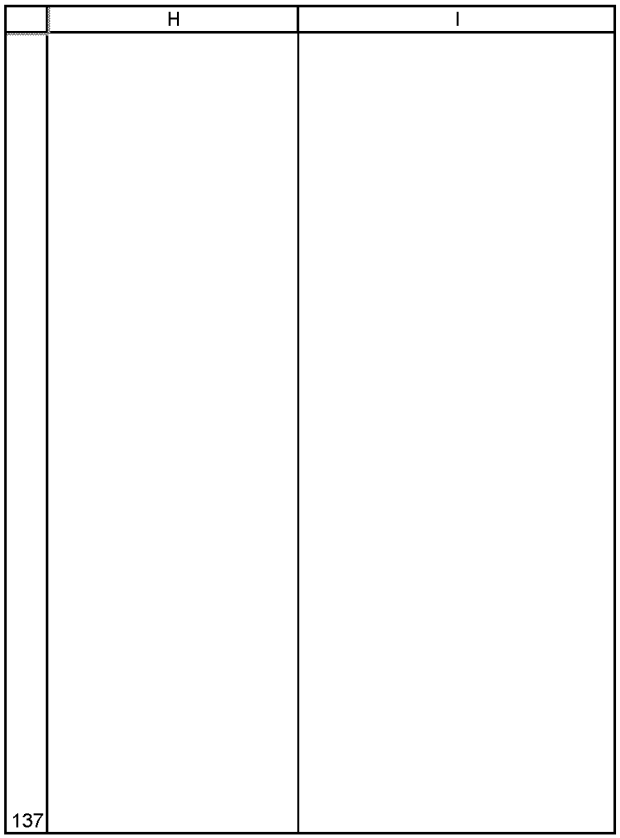
	H	I
136		

	J
	Hi Amanda and Ryan, I'm writing to confirm a few of the items that we talked about on Friday, including data requests and the variables in CPS staffing that Steve discussed. • Please provide data on assigned investigations over past 12 months. Based on 6 months of data in the Fact Sheets, I calculated an average of 7,210 cases (not including April). The CPS Allocation trial run calculations that you gave to us on Friday assumes 10,491 assigned investigations, which is about 1.467% higher than the numbers that were actually reported. How did you get to the 1.467% increase? • Could you please explain the 37.0 FTE change from 2013? I calculated the average number of workers in the line in 2013 using several pay periods, and got 1,434.7 FTEs, but this number included all of the positions in the line. The 1,397.0 FTE count only includes CPS Workers, however. I'm not seeing how the 37.0 FTE reduction aligns with both the 2013 count and the 2014 count. • How did the original request for the CPS Workers line increase from 1,659.0 FTEs to 1,800.0 FTEs? • If the request is now 1,740.0 FTEs, please provide the revised salary calculations for each position. • Could you send us a copy of the May compliance report that was sent to the monitors? Additionally, I wrote down some of the other variables that Steve mentioned that come into play with CPS staffing. Please let me know if I should add anything. 1. Number of days to close a case average 42.7 days rather than 30 days. 2. Number of cases vary by county and are unpredictable throughout the year – some counties will have a heavy caseload some months while others have a lighter caseload and then the dynamics will shift without warning. 3. The types of cases will vary, as well. Sometimes workers will experience a string of easier-to-process neglect cases, while at other times they will have several more difficult cases. Staffing needs to account for these variations. 4. Seasonality of reporting – when children are in school they are in contact with more mandated reporters, so during the summer fewer cases are reported. DHS must maintain staffing at the higher level year-round, however. 5. Management and accountability issues. 6. Recruitment and staff turnover due to the difficult nature of the job.
136	7. CPS across the country faces similar problems.

	K	L
136		

	M
136	

	A	B	C	D	E	F	G
137	Kevin Koorstra	HFA		FY13 Caseload Financing for Foster Care and FIP	5/29/2013	2013-0529	ABM KF RD

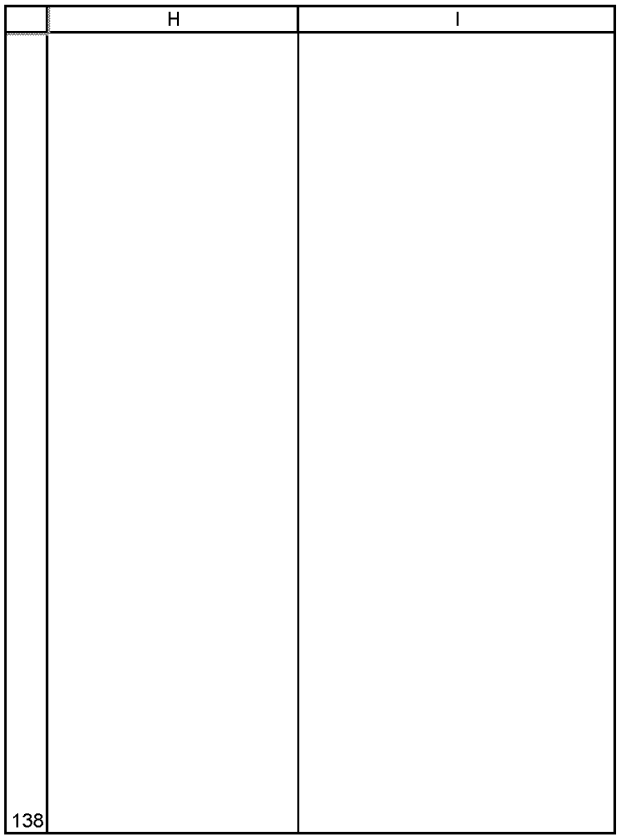

H
I
137

	J
137	Our supplemental coordinator is updating his list of pending FY13 supplementals, so I need the "other" fund sourcing for FIP and Foster Care caseload revisions. I also need the fund sourcing for the FY13 base shortfall request of $25.3 million Gross ($20.0 million GF/GP), in particular the Local/Private in 62610. And is it fair to describe this request as retirement and OPEB related? I need this information by no later than the end of the day. So sorry for the rush request. Kevin

	K	L
	Perfect. Thanks. I would imagine that once the House wants to make that list known, they will tell SBO and/or DHS. There was agreement to during targets to concur with the DHS transfer request, so I imagine that everything will be approved either through a supplemental or transfer. -----Original Message----- From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, May 29, 2013 4:21 PM To: Kevin Koorstra Cc: Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kangas, Susan (DHS) Subject: RE: FY13 Caseload financing for FIP and Foster Care Hi Kevin, SBO does not have this list. Who should I contact to receive the list? I have attached the requested information in the attached file - the green tabs are what you are looking for. I hope it is in a format you can use. Please let me know if you need anything further. Thank you, Amanda -----Original Message----- From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, May 29, 2013 10:50 AM To: Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Subject: RE: FY13 Caseload financing for FIP and Foster Care The House has a list of items from the Transfer request that the House would prefer to be taken up through the supplemental process. I don't think I have permission to share that list with you. SBO might already have it? -----Original Message----- From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, May 29, 2013 10:45 AM To: Kevin Koorstra Cc: Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Subject: Re: FY13 Caseload financing for FIP and Foster Care 137 We'll get it to you today Kevin - thanks!	5/30/2013

	M
137	

	A	B	C	D	E	F	G
138	Kevin Koorstra	HFA		Vital Records Bill	6/12/2013	2013-0612	ABM

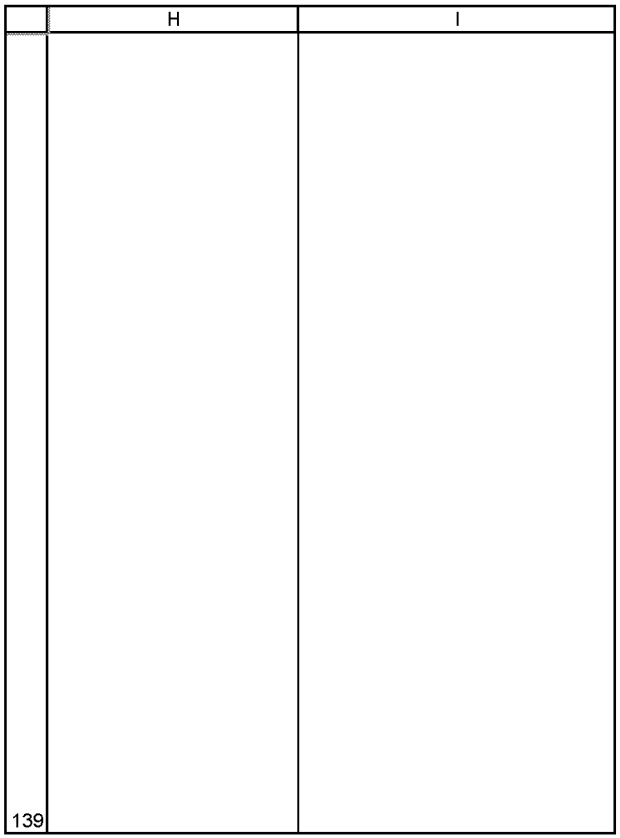

H
I
138

	J
138	Amanda, The subsection I was referring to is (7) (page 4 of the bill) that says that the state or local registrar cannot charge a licensed child placing agency for a certified copy of a vital record adoption purposes. http://legislature.mi.gov/doc.aspx?2013-HB-4786 I believe that local DHS offices are licensed child placing agencies, so can you check and see if DHS pays a fee for those activities? I am still trying to figure out the payment mechanisms reading through the inter-agency agreement (see attached). It looks like DHS is paying for DCH staff of up to $545,193; up to $73,297 for maintenance costs to support the electronic birth certificate for CPS birth record matches; up to $27,500 for maintenance costs to support the electronic birth certificate for Medicaid Eligibility? Up to $624,890 for a central paternity registry and DCH staff related to vital records for child support enforcement? (Total of $1.3 million) And does DHS pay fees in addition to these inter-agency agreement costs? If so I should mention that in HFA summary of the Vital Records fee increase bill. Thanks, Kevin

	K	L
	Thanks. Or, always being the optimist, they could lower the IA because their other revenue stream will increase ☐. FYI: I will be emailing you with a few data/information requests later this morning. Thanks, Kevin From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, June 28, 2013 9:00 AM To: Kevin Koorstra Cc: DHS-BudgetServices Subject: RE: Vital Records Bill Ok Kevin, I think I finally sorted all of this out. The department's total costs are governed by the IA. However, each year the IA is adjusted slightly for economics and the like. With the increase in vital records fees through these bills, it is entirely possible that DCH will seek to increase the IA as well. That is something we have not discussed with them yet. Thanks! Amanda From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, June 12, 2013 12:37 PM To: Bright McClanahan, Amanda (DHS) Subject: Vital Records Bill Amanda, The subsection I was referring to is (7) (page 4 of the bill) that says that the state or local registrar cannot charge a licensed child placing agency for a certified copy of a vital record adoption purposes. http://legislature.mi.gov/doc.aspx?2013-HB-4786 I believe that local DHS offices are licensed child placing agencies, so can you check and see if DHS pays a fee for those activities? I am still trying to figure out the payment mechanisms reading through the inter-agency agreement (see attached). It looks like DHS is paying for DCH staff of up to $545,193; up to $73,297 for	6/28/2013
138	maintenance costs to support the electronic birth certificate for CPS birth record matches; up to $27,500 for maintenance costs to support the electronic birth certificate for Medicaid Eligibility? Up to	

	M
138	

	A	B	C	D	E	F	G
139	Frances Carley	SFA		FIP drug testing - Follow up	6/12/2013	2013-0612-1	ABM RD


H
I
139

	J
139	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, June 17, 2013 10:05 AM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Madelyn Day; Matt Blinkilde Subject: RE: FIP drug testing - Follow up Amanda and Karyn, I'd like to follow up on the email that I sent last week. I've received requests for more detailed information on the drug testing cost estimates. Could you provide the detail on your estimate? Thanks, Frances From: Frances Carley Sent: Wednesday, June 12, 2013 4:21 PM To: 'Bright McClanahan, Amanda (DHS)'; Karyn Ferrick Cc: DHS-BudgetServices@michigan.gov; Doll, Ryan (DHS) (DollR@michigan.gov); 'Kevin Koorstra' Subject: FIP drug testing Amanda and Karyn, Do you have any detail on the $600k estimate for the drug testing program? I know that the costs are difficult to project, considering there are so few precedents. In my analysis of SB 275, I included the $250k estimate for a pilot (this was the amount discussed during conference), but I'm planning to update the analysis if DHS would rather go with the $600k. Would some of the costs in the $600k estimate go toward statewide implementation? In other words, I get the impression that the purchase of SASSI and the staff training are initial start-up costs that would be applied statewide, and do not reflect isolated costs in just 3 counties. Does DHS have an estimate for statewide implementation? Thanks, Frances

	K	L
	Thank you. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, June 17, 2013 10:20 AM To: Frances Carley; Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Madelyn Day; Matt Blinkilde Subject: RE: FIP drug testing - Follow up Hi Frances, I apologize; I was out of town at the end of the week and did not have the spreadsheets I needed with me. To answer your questions, please see the attached drug testing cost estimates. This is an annual estimate. During workgroup, we discussed the 2014 obligation, which was about 50% of the costs HFA had estimated. I believe Kevin's estimates were about $100,000 gross or so below mine on an annual basis. I do not have an estimate for statewide implementation as I think it would be very premature at this point without the results of the pilot. If the Legislature decides to expand statewide, I would hope that the data we glean from the pilot would assist with coming up with a stronger estimate. Thanks, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, June 17, 2013 10:05 AM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Madelyn Day; Matt Blinkilde Subject: RE: FIP drug testing - Follow up Amanda and Karyn, I'd like to follow up on the email that I sent last week. I've received requests for more detailed information on the drug testing cost estimates. Could you provide the detail on your estimate?	6/17/2013
139	Thanks,	

	M
139	

	A	B	C	D	E	F	G
140	Kevin Koorstra	HFA		Medicaid Expenses	6/12/2013	2013-0612-2	ABM KF RD
141	Kevin Koorstra	HFA		Decision Document	6/20/2013	2013-0620	ABM

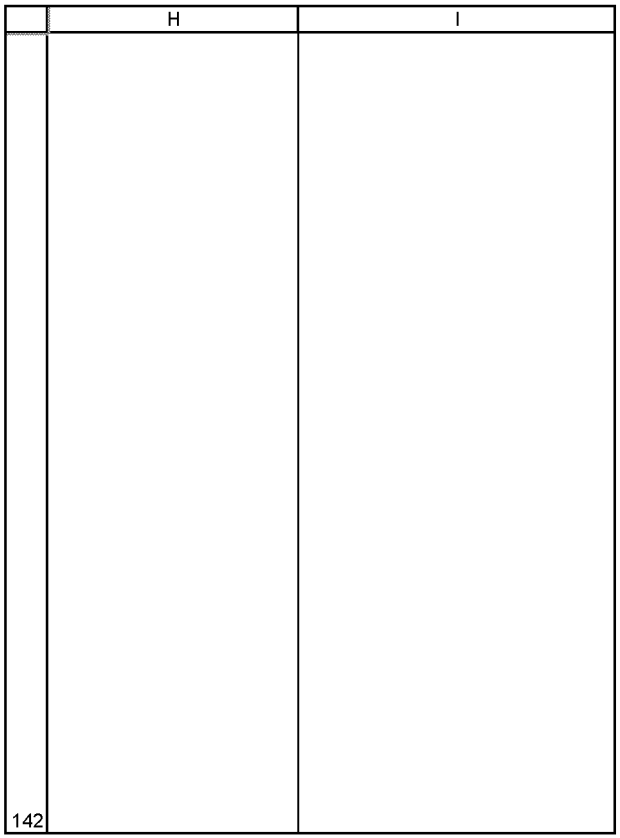
	H	I
140		
141		

	J
140	Amanda and Karyn, There is some confusion on the impact of the new Sec. 105c starting on Page 3, line 19 of the attached document. Our Medicaid analyst has spoken with DCH and SBO and they have said that it is not the intent of that section to remove DHS from the determination process. However, someone who testified representing an outside group applauded the bill for taking eligibility determination out of DHS. So could you take a look at that section and let me know if you see any issues with how this section is currently written? What I told our Medicaid analyst is that DCH already has the ultimate say on how a person applies for Medicaid (and they choose to use DHS for most MA programs). The one item I am tied up on is how direct the whole "from which DCH shall enroll…" language. Because right now, DHS will gather the needed eligibility and redetermination materials in-person, by phone, or online and process them through Bridges. Bridges then communicates with DCH for enrollment purposes. As you know, the bill has been reported from House Committee so the quicker I can hear back; the better. Thanks, Kevin
141	I have finished my Enacted Decision Document and it can be found here: http://www.house.mi.gov/hfa/Summaries/DHS%20FY%202014%20Decision%20Document_Enacted.pdf Kevin

	K	L
140	Right, but is that what the actual language in the bill says? From: Ferrick, Karyn (DHS) [mailto:FerrickK@michigan.gov] Sent: Wednesday, June 12, 2013 2:42 PM To: Kevin Koorstra; Bright McClanahan, Amanda (DHS) Subject: RE: Medicaid Expansion bill Kevin you are correct in your analysis and our understanding is that nothing in the bill changes the current scheme for Medicaid eligibility determinations (or enrollment).	6/12/2013
141	Link	6/20/2013

	M
140	
141	Link from Kevn Koorstra: http://www.house.mi.gov/hfa/Summaries/DHS%20FY%202014%20Decision%20Document_Enacted.pdf

	A	B	C	D	E	F	G
142	Kevin Koorstra	HFA		FY 2014 Original Matrix and Allotment Requests	6/25/2013	2013-0625	ABM RD


H
I
142

	J
	Thanks. Since you note that you do you believe that these numbers won't change, I have two questions. **The line item fund sourcing for the MDE IDG to TANF fund swap in the Exec Ops, LOSO, and CSA sections do not appear to be the same as what SBO sent over on 5/17. I assume that is intentional?** **Also, the informal budgetary shortfall adjustments in the rent and fringes lines in CSA look different than what was provided during targets. Again, I assume that is intentional?** **I know that you have flexibility to adjust the fund sourcing within sections, but I was a little surprised to see these differences because these two requests came in May. So if you could provide any additional information you have on these adjustments, that would be helpful.** **Kevin** From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Tuesday, June 25, 2013 8:50 AM To: Kevin Koorstra Subject: FW: FY 2014 Original Matrix and Allotment Requests Kevin, I sent this to Frances in draft form inadvertently. I wanted you to have the same information. I will forward you a final copy once it is approved by SBO. (I don't believe it will change.) Thanks, Amanda From: Doll, Ryan (DHS) Sent: Monday, June 24, 2013 4:56 PM To: Overbey, Charles (DTMB); Kimmith, Dean (DTMB); Brown, Marlon (DTMB); Horn, Daniel (DTMB) Cc: Bright McClanahan, Amanda (DHS); Kangas, Susan (DHS) Subject: FY 2014 Original Matrix and Allotment Requests Good afternoon Chuck, et al, Attached please find FY 2014 original matrix and quarterly allotments for DHS. Please let me know if you have questions.
142	

	K	L
142		

	M
142	

	A	B	C	D	E	F	G
143	Kevin Koorstra	HFA		Impact of Truancy Policy	6/25/2013	2013-0625-1	ABM
144	Frances Carley	SFA		User Fees Budget	6/27/2013	2013-0627	ABM

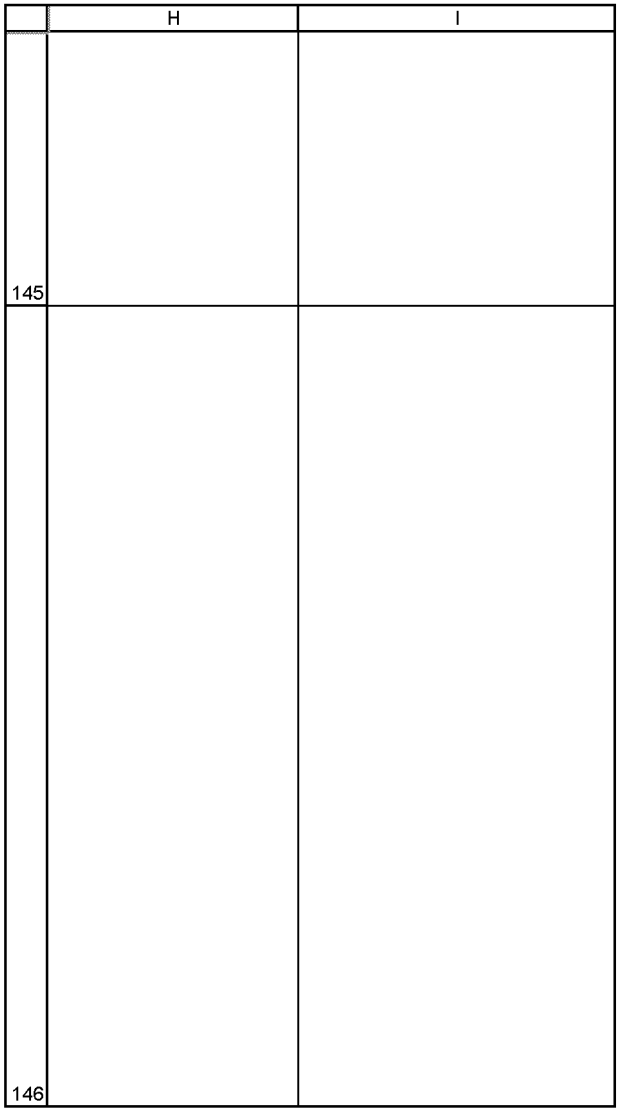
	H	I
143		
144		

	J
143	**Thanks, I have a clarifying question. When you note case closures for 16-17 years old, you mean the number of FIP cases that had their group size reduced by 1, correct? Although if the only child in the FIP group was 16-17 years old then the whole FIP case could would close, correct?** -----Original Message----- From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, June 21, 2013 4:23 PM To: 'Frances Carley (fcarley@senate.michigan.gov)'; Kevin Koorstra Cc: DHS-BudgetServices; Doll, Ryan (DHS); Madsen, Patricia (DHS); Drum, Terry (DHS); Kangas, Susan (DHS); Ferrick, Karyn (DHS); Gehm, Paul (DHS); Horn, Daniel (DTMB); Brown, Marlon (DTMB); Kimmith, Dean (DTMB); Overbey, Charles (DTMB); Beurer, Terrence (DHS) Subject: Impact of Truancy Policy Per your request, please see the attached data by county as to the number of FIP cases either closed for school truancy (ages 6-15) or where benefits have been reduced due to school truancy (ages 16-18). As you'll recall, Terry Beurer offered a significant amount of context and information during the workgroup process about the steps taken by the department to resolve truancy issues with families as well as the department's efforts to address truancy through the Pathways to Potential model in the four core cities. Thank you, Amanda
144	Amanda, I'm putting together a list of all revenue sources in the budget that could be considered user fees. I'm including licensing in the list and have found three items so far (below). Are there any in addition to these? • FOIA requests • Licensing of day care/child welfare providers • Electronic Benefit Transfer (EBT) Thanks, Frances

	K	L
143		
144	Hi Amanda, I'm only looking for revenue that the Department collects through fees and licenses, so it doesn't sound like the DTMB charges would be included. Our office was asked to put together a list for every agency. One of our analysts ran the initial reports, and the items below came up for DHS (the Description notes are based on the info in the PCA codes): CObj CObj Desc Agy Desc Fund Fund Desc Rev GAAP Description 1525 REV FROM FREEDOM OF INFORMATION ACT FEES 431 HUMAN SERVICES 0901 GENERAL PURPOSE REVENUES 2,996.62 FOIA requests 1640 OTHER LICENSES AND PERMITS 431 HUMAN SERVICES 0811 PRIVATE REV-CURRENT YEAR OPERATIONS (GF) 786,215.69 Licensing of day care/child welfare providers 1793 VARIOUS FEES AND ASSESSMENTS 431 HUMAN SERVICES 0901 GENERAL PURPOSE REVENUES 20,800.56 Electronic Benefit Transfer (EBT) Do these items seem to fit the bill? The definition of fee will probably vary somewhat from one agency to the next, so I'll follow your recommendation. Thanks, Frances ========== Frances, How are you defining user fees? Because we pay user fees to DTMB, for example, for software access. Also, are you looking for revenue that is expressly recognized in the budget? Because not all of the items below fit that bill… Amanda	6/28/2013

	M
143	
144	

	A	B	C	D	E	F	G
145	Frances Carley	SFA		Boilerplate Sec 547	6/28/2013	2013-0628	ABM
146	Kevin Koorstra	HFA		Questions	6/28/2013	2013-0628-1	ABM/RD


H
I
145
146

	J
145	Amanda and Karyn, During the Conference meetings, we briefly discussed Sec. 547. I know that the Department has some concerns regarding the current language. Could you tell me what these are? How will the suggested revision address these issues? Sec. 547. From the funds appropriated in part 1 for the guardianship assistance program, the department shall pay a minimum rate that is not less than the approved age appropriate payment rates for youth placed in foster family care. From the funds appropriated in part 1 for the guardianship assistance program, the department shall determine eligibility for guardianship assistance without regard to the income of the proposed guardian(s). The maximum amount shall be equal to the rate the child received in the family foster care placement or the rate the child would have received if he or she had been in a family foster care placement at the time the guardianship was established. Thank you, Frances
146	Amanda, Here are a few questions that I have: Is LASR still in use? If so, how has the use of it changed since that audit report? Is it possible to figure out how many foster care cases have had multiple caseworkers? I was thinking that DHS could review the last 250-100 closed foster care cases to see if the caseworker was the same that whole way through the foster care process. I would imagine that at minimum the caseworker's name would be in the updated service plans or something. What's the status of finding the MOE needed to draw down the TANF Contingency funds? I think I found the bid for this program and it says that the contractor has to provide biweekly updates to DHS. Is that accurate? If so, is the most recent report something you can share? Thanks, Kevin

	K	L
145		
146	Kevin, Please see responses to your questions below. Enjoy, Ryan From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Friday, June 28, 2013 12:57 PM To: Bright McClanahan, Amanda (DHS) Subject: Questions Amanda, Here are a few questions that I have: Is LASR still in use? If so, how has the use of it changed since that audit report? LASR is still in use. LASR is used to process Child Care Fund payments. It is necessary to process these payments in LASR as the State does not have the authorization/appropriation to process these payments. LASR payments are initially funded by the Local County and the State reimburses the Local County through the Chargeback/Offset process. There are also a limited number of other payments that are processed including county-funded payments and emergency State payments. The volume of checks has decreased from an average of 4,366 in FY12 to 1,150 per month since January, 2013, a 74% decrease. LASR is also used to account for certain receivables related to Welfare Debt and Fraud. Is it possible to figure out how many foster care cases have had multiple caseworkers? I was thinking that DHS could review the last 250-100 closed foster care cases to see if the caseworker was the same that whole way through the foster care process. I would imagine that at minimum the caseworker's name would be in the updated service plans or something. There currently no way to measure or quantify the number of foster care cases that have been assigned to multiple workers. What's the status of finding the MOE needed to draw down the TANF Contingency funds? I think I found the bid for this program and it says that the contractor has to provide biweekly updates to DHS. Is that accurate? If so, is the most recent report something you can share? DHS continue to seek the additional MOE needed to draw down TANF Contingency funds with the assistance of Public Consulting Group. DHS has received regular bi-weekly updates from PCG on their outreach efforts. Thanks, Kevin	7/1/2013

	M
145	
146	Attachment in the following directory: S:\BUDGET\Tracking Logs

	A	B	C	D	E	F	G
147	Kevin Koorstra	HFA		Questions	7/2/2013	2013-0628-2	ABM/RD
148	Frances Carley	SFA		Adoption Subsidies	7/3/2013	2013-0708	ABM/RD
149	Kevin Koorstra	HFA		Boilerplate 1207 Questions	7/8/2013	2013-0708-1	ABM/RD

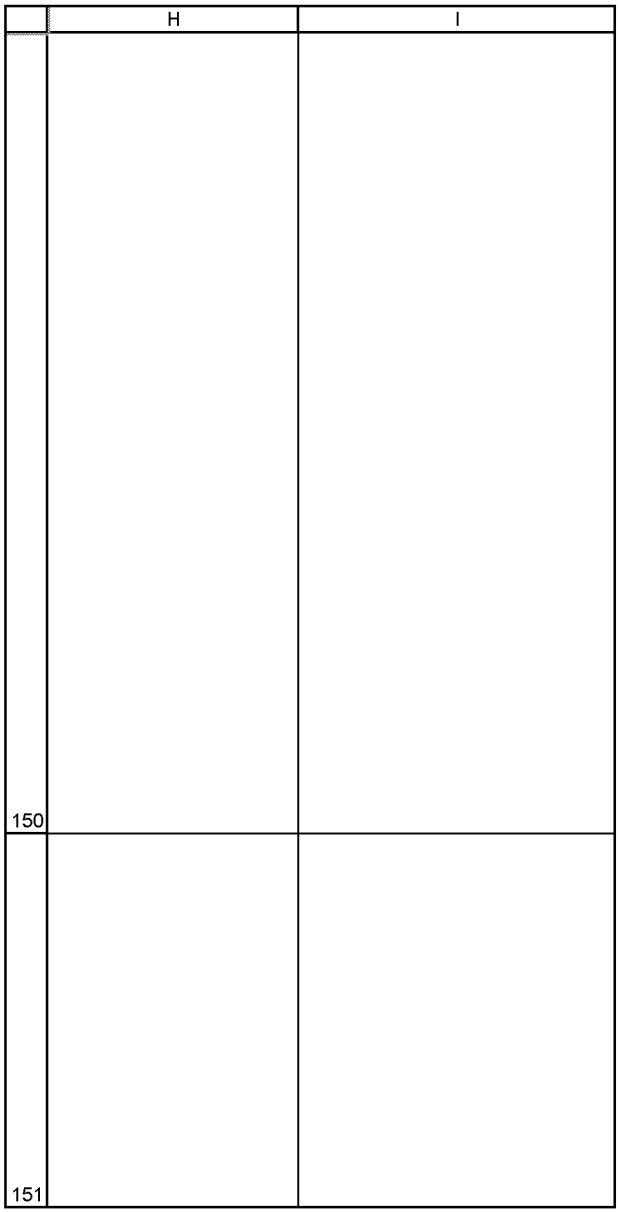
	H	I
147		
148		
149		

	J
147	Is it possible to see the latest report from PCG? From: Doll, Ryan (DHS) [DollR@michigan.gov] Sent: Monday, July 01, 2013 9:13 AM To: Kevin Koorstra Cc: Bright McClanahan, Amanda (DHS); DHS-BudgetServices Subject: RE: Questions Kevin, Please see responses to your questions below. Enjoy, Ryan
148	Hi Amanda – I'd like to request some data on Determination of Care (DOC) supplements for adoption subsidies. 1. Please provide the number of adoption cases that currently receive a DOC supplement by the level of payment and age/condition of recipient (the number of cases that fall under each category in the following table): Determination of Care Supplement Age or Special Need Level I Level II Level III AGE 0-12 $5 $10 $15 AGE 13-18 $6 $11 $16 Medically Fragile $8 $13 $18 2. How are the three levels defined? What are the special needs that fit under each level? Thanks, Frances
149	Amanda, I am trying to reconcile the different Standards of Promptness in the Sec. 1207 report and in legislative boilerplate. The report mentions 90 days as DHS' SOP for disability Medicaid, but boilerplate requires 60 days for those cases. Is it just the case that these two SOP are different because the DHS SOP starts when DHS receives the minimum required amount of information (BAM 115) and the boilerplate SOP starts when DHS receives all information needed? Or is DHS using only the 90 day SOP and has not implemented the 60 day SOP? Thanks, Kevin

	K	L
147		
148	Hi Frances, Sorry for the delay, a data request had to be submitted for the requested data. Thanks, Ryan	8/2/2013
149		

	M
147	
148	Files saved in
149	

	A	B	C	D	E	F	G
150	Frances Carley	SFA		Policy Changes and Legislative Reports	7/11/2013	2013-0711	ABM/RD/KF
151	Kevin Koorstra	HFA		Pending HFA Questions	8/13/2013	2013-0813	ABM/RD/KF


H
I
150
151

	J
	Amanda – I'd like to add one more set of questions to the list of items in the email below. Could you provide a status update on the Stratified Case Management process? Is the IT system identifying all cases or is it still in the pilot stage? How many cases have been referred this year? Has DHS identified all of the partners that will contribute to the program? Thanks, Frances ========== Hi Amanda, I have just a few questions about recent policy changes and legislative reports (I've also included my outstanding questions for reference). 1. Guardianship Assistance and Sec. 547 – follow up on email from 6/28 2. Determination of Care supplements for adoption subsidies – follow up on email from 7/3 3. User fees – follow up on email from 6/27 4. Juvenile Justice Behavioral Health Study – - when is an appeal decision expected? - The Bid4Michigan website includes both a Letter of Recommendation for a $270k contract and a Letter of Denial – could you explain the process and why both letters are posted? Why was the contract ultimately rejected? - If the Juvenile Assessment Center's appeal is denied, what are the Department's plans for carrying out the study? 5. At the last Senate Committee hearing, Senator Caswell requested a spending plan for the Juvenile Justice Admin and Maintenance line item. Could you please send this? 6. Legislative report on the Lean process for Medicaid eligibility – - is the process/contract flexible enough so that the process can be implemented on the new MAGI system? 7. Mandatory Vendoring – - How many FIP cases and SDA cases are currently under the mandatory vendoring requirement? How many total cases will fall under this requirement in FY 13 and in FY 14?
150	8. FAP and restaurant payments –
	Amanda, I think I have 3 outstanding questions, and I have compiled them below: 1) Have you found the legal rationale to separate out exceptional medical care from the DHS JJ per diems? 2) Is there any way to get the number of burial services provided by type (e.g. burial with service, cremation without services, transportation of donated body, etc.)? The Trend Report shows about 1,300 payment per month, so could I get the last 4 months or there about? 3) I am trying to reconcile the different Standards of Promptness in the Sec. 1207 report and in legislative boilerplate. The report mentions 90 days as DHS' SOP for disability Medicaid, but boilerplate requires 60 days for those cases. Is it just the case that these two SOP are different because the DHS SOP starts when DHS receives the minimum required amount of information (BAM 115) and the boilerplate SOP starts when DHS receives all information needed? Or is DHS using only the 90 day SOP and has not implemented the 60 day SOP? Hope you have had a good summer. I cannot believe that we are already half way through August. Kevin
151	

	K	L
150	Hi Frances, Responses are included below. Please let me know if you have additional questions. Apologies for the delay. Thanks, Ryan	8/12/2013
151		

	M
150	Attachment in the following directory: S:\BUDGET\Tracking Logs
151	

	A	B	C	D	E	F	G
152	Frances Carley	SFA		Transportation Funding DHS	9/4/2013	2013-0904	ABM/RD/KF

	H	I
152		

	J
	Hi Amanda, I'm researching the transportation programs available to public assistance recipients and am hoping that DHS can clarify what I've found in Business Objects so far. From my understanding, the Transportation to Work line item/program in the MDOT budget contains most of the funding for DHS clients. FY 12 spending in the line was around $8.6 million. I know that DHS and the Treasury (previously LARA) each contribute about $550k annually to the program to provide a match for Federal funds. This spending does not show up as an interagency agreement in the Employment and Training line item, however. I found other interagency agreements, but not this particular one. Does Bus Obj instead display DHS's $550k match as numerous expenditures to counties in both the ET and Community Support Services lines? If so, that would make sense, as total FY 12 spending between the two lines was about $550k. I've attached the Bus Obj report, as well as the Excel file (with sorted data by year), for reference. If the spending in these two lines does not represent the IA, does it fall under the guidelines of another similar program? Could you please send any information you might have about the terms of the contracts, whether the spending is used to leverage Federal funding (and how much), and any other information on the mechanics of the program services? I also ran a report on MRS, which showed that MRS has spent approximately $167k YTD on public transportation for clients. Could you also provide similar information on contract terms, leveraging Federal funding and mechanics of the program services?
152	

	K	L
152		

	M
152	

	A	B	C	D	E	F	G
153	Frances Carley	SFA		Transfer Questions	9/12/2013	2013-0912	ABM/RD/KF

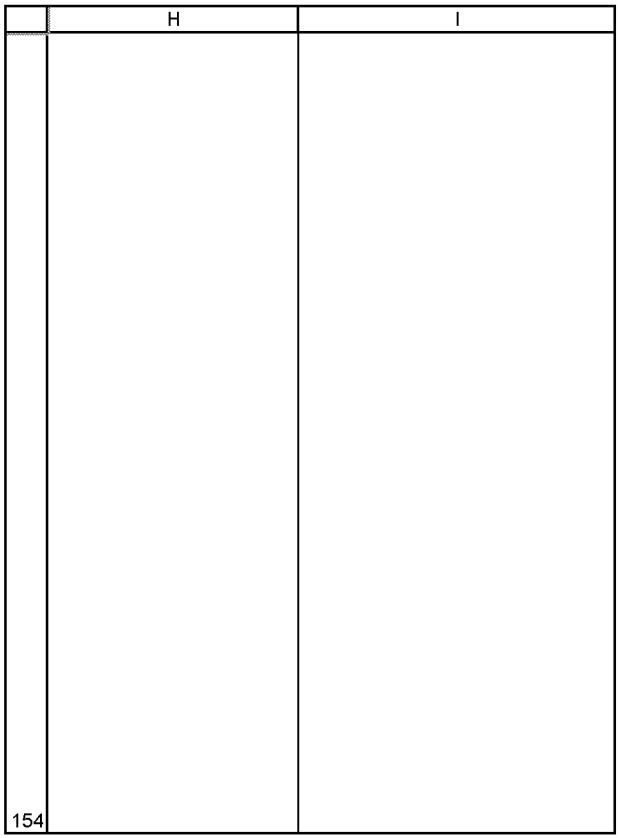
	H	I
153		

	J
153	Amanda, I have a few questions about each of the transfers. I need to have my write-ups complete by Monday, otherwise I would have coordinated my questions with Kevin. I received your previous email – a conference call or meeting on the transfers would be helpful. Thanks. 1. Nutrition Education/FAP · Did the Federal govt make the full $30 million grant available to the State (the amount that is appropriated)? Is MSU the only recipient of this funding? If so, why are they not able to spend the full amount of funding? · What are the reasons for the increased FAP caseload? 2. FAP ARRA · What is the Federal fund source for the transfer? · What is the reason for the transfer to the ARRA line, rather than the regular FAP line? Is it just a matter of consistency so that the cases that were funded with ARRA will continue to be funded through this line item for the remainder of the year? 3. FC chargeback · What are the specific costs of care that are eligible for the increased chargeback? Which FC programs are eligible? The costs don't seem to be caseload related, are they? 4. GAP · Is the increase needed for a reason other than caseload? I'm wondering because the GAP caseload average is below the 500 caseload that was agreed to during consensus.

	K	L
153	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Thursday, September 12, 2013 10:56 AM To: Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Kevin Koorstra; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: Transfer Questions Hi Frances, If it works then, I can do a conference call tomorrow with whomever is interested. I can also send some additional information ahead of time for you use as well. 3 p.m. is the soonest I could probably do the call tomorrow. Would that work? Amanda	9/12/2013

	M
153	Per ABM Closed as of 9/12/13

	A	B	C	D	E	F	G
154	Frances Carley	SFA		$3 Per Diem Increase for Foster Care -- Implementation Bill	9/12/2013	2013-0912-1	ABM/RD/KF


H
I
154

	J
154	Frances Carley: Susan, I haven't received confirmation yet. Last Thursday I forwarded a question from Senator Caswell to you and Amanda (please see email below). I believe that Senator Caswell would like this information before he sends a response. I'm copying Jeff in case Senator Caswell has confirmed otherwise. Amanda and Susan, Could you please confirm whether the increase to Tribal Foster Care is mandated by the Federal government? If it is, would you provide a link to the statutory/regulatory citation? Thanks, Frances ===== From: Frances Carley Sent: Thursday, September 12, 2013 1:09 PM To: Jeffrey Cassidy Subject: $3 Per Diem Increase for Foster Care -- Implementation Bill Jeff— I just had a conference call with DHS and Kevin at HFA about the $3 per diem increase for the foster care administrative rate, which was included in the FY 2013-14 budget. As you know, HB 4961 is the implementation bill for the change. The rate will increase from $37 to $40. DHS wants to confirm with the Chairs that some of the special foster care cases would receive the increased rate, as well. These include: • Young Adult Voluntary Foster Care (this is for foster care children who are transitioning out of the system) • Tribal Foster Care (the current tribal rate is $2.50 higher than the regular rate; adding the $3 will make the total reimbursement $42.50) • Refugee Foster Care (the rate increase would be paid entirely from the Refugee Assistance line item, which is all Federal funding) • Transitioning Guardianship Cases (there are currently 192 cases that are transitioning, awaiting case closure in the courts)

	K	L
154	From: Kangas, Susan (DHS) [mailto:KangasS1@michigan.gov] Sent: Tuesday, September 17, 2013 9:37 AM To: 'Kevin Koorstra'; Frances Carley; Bright McClanahan, Amanda (DHS) Subject: RE: $3 CPA rate increase Frances, Could you please confirm with Senator Caswell that this was his intention as well? Susan Kangas Deputy Director, Financial Services Michigan Department of Human Services 517-373-7914	9/17/2013

	M
154	9/13/13 Kevin Koorstra Rep. MacGregor agrees. The $3 rate increase was for everything but trail reunification/aftercare. ========== From Frances Carley: Amanda and Susan, Could you please confirm whether the increase to Tribal Foster Care is mandated by the Federal government? If it is, would you provide a link to the statutory/regulatory citation? Thanks, Frances

	A	B	C	D	E	F	G
155	Kevin Koorstra	Frances Carley		Transfer Questions part II	9/16/2013	2013-0912-3	ABM/RD/KF

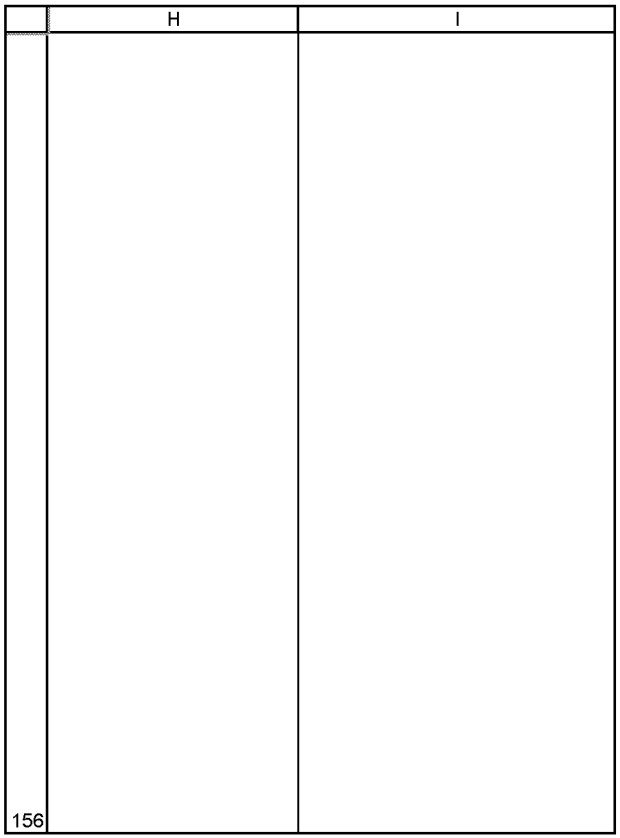
	H	I
155		

	J
155	9/18/13: Amanda, sorry for the piecemeal approach to me questions (it's been one of those weeks), but can you provide some more detail on why the child protection and permanency line has authorization available? Correct me if I am wrong, but isn't this a line where DHS central office will allocate the funds to the local offices? If so, did DHS central office allocate less funding than in previous fiscal years to the local offices? ========== Thanks. It this one of the service types that can only use federal TANF, or can the state also claim TANF MOE? I believe it's the latter. ========== I have a follow up on the adoption support services line. Is the fund sourcing for the payments to the adoption agencies based on the fund sourcing of the adoption subsidy caseload? So, if the adoption caseload is 65% IV-E, 20% TANF, and 15% State funded, then that is the fund sourcing for the private agency payments? I am trying to figure out why the TANF request is a great increase than the amounts needed for other federal and GF/GP.

	K	L
155	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, September 18, 2013 10:38 AM To: Kevin Koorstra; Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: Transfer Questions Hi Kevin, These funds are allocated to the local offices. Authorization is available because the local offices use the bulk of this funding for contracts to address specific needs in each county. We cannot set up contracts that exceed the total appropriation (and by extension, each county's allocation). But if each contract spends, say, 5% less than its allocation, as you can imagine, it adds up pretty quickly in terms of the line item lapsing funds. We have changed the methodology for allocations into 2014 to minimize this issue by allowing the Business Service Centers to manage the allocations across several counties, maximizing the use of resources through broader monitoring and reallocation as necessary to meet the changing needs of the child welfare population. Does that help? Amanda ========== Frances C: Hi Frances, Here are the answers to your questions: From our program office on the adoption contracts: None of the rates, including the MARE rate, are related to the age of the child. The MARE rate is basically for a child who doesn't have an identified family at the time of referral for adoption and an agency has to recruit a family for the child. The other rates have to do with how long it takes the agency to complete the adoption. For the travel question – all travel costs are related to DHS workers traveling. I am not sure why there is reference to State Troopers in the explanation. That appears to be a type. Is that your question?	9/17/2013

	M
155	9/19/13: Frances C: Thank you, Dan! I don't believe we have any additional questions at this point. 9/19/13: Frances, DTMB was able to provide the number of miles each agency has traveled over the budgeted amount along with the number of actual vehicles over the budgeted amount. To break out a cost estimate, I applied the FY13 VTS rates for mileage and monthly lease costs to the number of increased miles/vehicles. DTMB has indicated this is a reasonable approach to estimating the total costs, with one variable being if DHS/MSP purchased a mix of vehicles (small, SUV etc.) However, the majority of the vehicles were in the categories listed in the formula. This is an estimate, but it should provide an approximate total of the costs related to each agency, hope it's helpful: DHS # of miles over budget (4,207,379)*Midsize per mile rate ($.2045)=$860,409 # of cars over budget (211)*Midsize monthly lease rate ($237.01)*12=$600,109 Total DHS costs = $1.5 million MSP # of miles over budget (3,569,246)*MSP patrol per mile rate ($.4763)=$1,700,032 # of cars over budget (104)*MSP patrol monthly lease rate ($437.45)*12=$545,938 Total MSP = $2.2 million Daniel Horn, Budget and Policy Analyst State Budget Office Office of Health and Human Services (517) 335-3694 Hornd6@michigan.gov From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, September 18, 2013 4:32 PM To: Horn, Daniel (DTMB); Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); DHS-BudgetServices; Brown, Marlon (DTMB); Kevin Koorstra Subject: RE: Transfer Questions Hi Dan,

	A	B	C	D	E	F	G
156	Frances Carley	SFA		Transfer Question Part III	9/18/2013	2013-0912-4	ABM/D. Horn

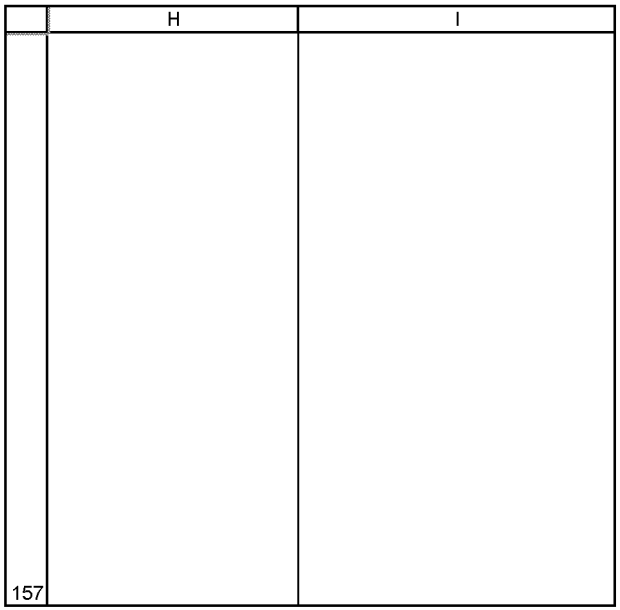

H
I
156

	J
	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, September 18, 2013 4:32 PM To: Horn, Daniel (DTMB); Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); DHS-BudgetServices; Brown, Marlon (DTMB); Kevin Koorstra Subject: RE: Transfer Questions Hi Dan, Thanks for the clarification. Could you please find out how much of the costs are due to DHS related activities and, if possible, how much are due to MSP? Thank you! -Frances ========== From: Frances Carley Sent: Wednesday, September 18, 2013 11:45 AM To: Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB); Kevin Koorstra Subject: RE: Transfer Questions For the travel question – all travel costs are related to DHS workers traveling. I am not sure why there is reference to State Troopers in the explanation. That appears to be a typo. Is that your question? DMV told the other SFA analyst who is working on this transfer that the $6.9 million is for an increase for MSP and DHS, but we don't know how much goes to each agency. Will the funding be available through an increase to an existing IDG? ========== From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, September 18, 2013 3:39 PM To: Bright McClanahan, Amanda (DHS)
156	Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB); Kevin Koorstra

	K	L
156	From Dan Horn:Frances, DTMB is working to extract those figures, they will have a response probably tomorrow. --Dan ========= From: Horn, Daniel (DTMB) [mailto:HornD6@michigan.gov] Sent: Wednesday, September 18, 2013 4:02 PM To: Frances Carley; Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); DHS-BudgetServices; Brown, Marlon (DTMB); Kevin Koorstra Subject: RE: Transfer Questions Frances, DTMB has indicated that the authorization request in the fleet line is due to additional costs related to the state's fleet as a whole – not only related to DHS. DHS and MSP are the two agencies that have the largest increase in miles driven compared to what DTMB originally budgeted in the line. The figures were developed in August of 2011, and many agencies have had fleet changes in that time span. The IT IDG is a source because excess authorization exists there. Our DTMB colleagues have also noted that we had a similar transfer in FY12 as a contingency transfer for the same purpose. Let me know if you still need additional information. Thanks, Dan Daniel Horn, Budget and Policy Analyst State Budget Office Office of Health and Human Services	9/18/2013

	M
156	

	A	B	C	D	E	F	G
157	Kevin Koorstra	HFA		Transfer Question Part IV	9/18/2013	2013-0912-5	ABM

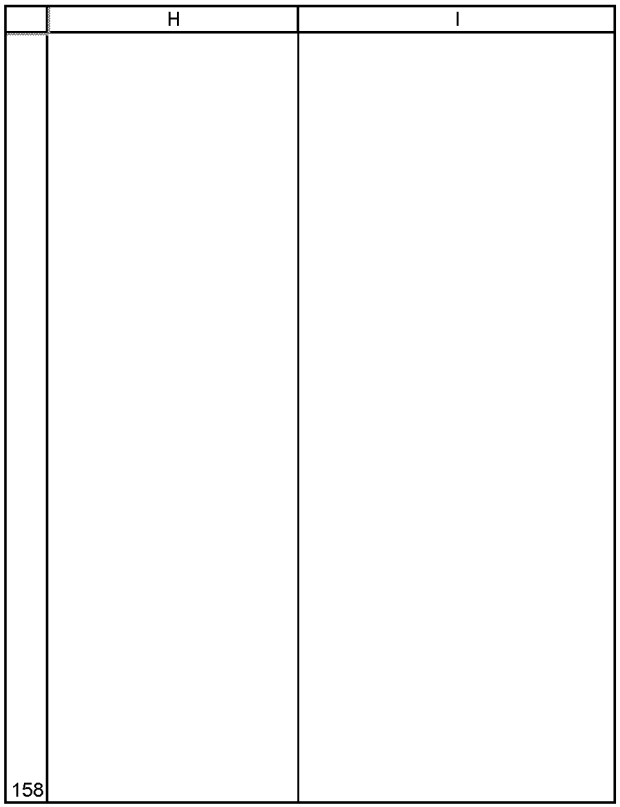

H
I
157

	J
	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, September 18, 2013 10:41 AM To: Bright McClanahan, Amanda (DHS); Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: Transfer Questions Yes that's helpful. Just to clarify, did DHS central office allocate less funding than in previous fiscal years to the local offices? ========== From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, September 18, 2013 11:36 AM To: Kevin Koorstra; Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: Transfer Questions In FY'12 we allocated $16,264,100 to the field. Mid-year we received an additional $183,500 OPEB. This was used for CPCP. In FY'13 we allocated $16,264,100 to the field. Mid-year the line was reduced by $2,567,700 so the total came down to $13,589,700. Thanks Kevin! Amanda
157	

	K	L
157	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, September 18, 2013 11:36 AM To: Kevin Koorstra; Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: Transfer Questions In FY'12 we allocated $16,264,100 to the field. Mid-year we received an additional $183,500 OPEB. This was used for CPCP. In FY'13 we allocated $16,264,100 to the field. Mid-year the line was reduced by $2,567,700 so the total came down to $13,589,700. Thanks Kevin! Amanda	9/18/2013

	M
157	

	A	B	C	D	E	F	G
158	Amanda Bright McClanahan	Legislators		Questions from Legislator	9/13/2013	2013-0913	ABM/RD/KF/A. Horn/S. Stiles


H
I
158

	J
158	We've had some questions come up from the Legislature on the pending transfer package we have before the House and Senate at this time. Can you tell me the following: (1) How many refugee youth are currently in foster care and managed by private child placing agencies? (AI, an annual average from last year would be fine too.) (2) Do we have a sense, for each rate under the private child placing agency adoption contracts, how many cases are being paid at each rate throughout the year? That is, if we are paying $1 million in placement rates, how many cases does that equate to? (the offsets included in the contract create some complications, I think) (3) Does the PAFC contract include GAP or is there a separate contract for that? (4) Do we have a sense as to why the adoption billings from our private agencies are so back heavy – that is, why do they come in so late in the year? Thank you so much for your assistance, Amanda

	K	L
158	Hi Amanda, RE: #1) below---We averaged 280 URM youth a month over the last year. All URM cases are served by private child placing agencies (specifically Bethany Christian Services in Grand Rapids and Lutheran Social Services of Michigan in Lansing). The rest appear to be about the domestic program which we do not have information on. Our contracts do not cover adoption or guardianship services. Those are handled by Children Services Administration staff. Hope this helps. Al Al Horn, Director Office of Refugee Services 235 S. Grand Ave Lansing, MI 48909 horna@michigan.gov (517) 241-7824	9/16/2013

	M
158	The private agencies handling our URM cases do follow all the DHS foster care policies and staff the caseloads at the 1:15 ratio per requirements in the contracts we have with those two agencies. We are just in a transition regarding monitoring these cases and the agencies. Currently and previous to the upcoming changes (these changes will begin November 1st 2013) this office monitored the two agencies and we had one worker who monitored the cases. BCAL also monitored for licensing rules. The URM youth were not on SWSS and thus the DHS legal office said they were not part of the original consent decree settlement (thus not held to those standards or reported on). Our youth will now be on SACWIS and Steve Yager has stated they will be counted in the MSA and as such need DHS FC monitoring workers at a 1:90 basis (per MSA requirements and DHS policy). We (Ben Cabanaw is taking the lead for our office) are now working with Kent County Children Services to transfer our URM cases to them so the URM cases will become part of their monitoring worker's caseloads. If you have any questions or need further explanation please let me (or Ben) know. Al Al Horn, Director Office of Refugee Services 235 S. Grand Ave Lansing, MI 48909 horna@michigan.gov (517) 241-7824 From: Burke, Suzanne Stiles (DHS) Sent: Monday, September 16, 2013 11:51 AM To: Horn, Al (DHS); Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Cabanaw, Benjamin (DHS) Subject: RE: Questions from the Legislature I am curious Al. Do the private agency staff the caseloads of URMs at the same ratio as other foster care cases, 15:1? How does DHS monitor their work and at what ratio? Thanks! Suzanne Stiles Burke, Director Bureau of Child Welfare Programs and Policy Department of Human Services (517) 241-8606 BurkeS2@michigan.gov

	A	B	C	D	E	F	G
159	Frances Carley	SFA		$3 CPA Rate Increase		2013-0913-1	SK/ABM
160	Frances Carley	SFA		HB 4961	9/16/2013	2013-0916	ABM/RD/KF

	H	I
159		
160		

	J
159	Amanda and Susan, Could you please confirm whether the increase to Tribal Foster Care is mandated by the Federal government? If it is, would you provide a link to the statutory/regulatory citation? Thanks, Frances
160	Hi Amanda, I have a couple questions related to the fund sourcing for the CCF and the legislation to the counties harmless. Does DHS use GF/GP only to fund CPA admin rates through the CCF? If so, is this a matter of practice, or does the Federal government have restrictions that make it difficult/not feasible to use TANF, as well? Was the increase of the admin rate from $27 to $37 provided in the FY 11 budget? Thanks, Frances

	K	L
159		
160	**ABM 10/23/13** **Kevin,** **I would like to answer your question in two ways:** **First, there are two separate random moment time studies for these groups and therefore two different cost pools. As a result, there is going to be be different fund sourcing for each entity due to the differing results from the time studies.** **Second, the results should be more similar because of function. The department has contracted and will continue to contract with the Public Consulting Group to redefine both the department's public cost allocation plan and the various time study processes to more appropriately align fund sourcing across similar functionality. Under this process, we anticipate reducing the variability in the funding between CPAs and state workers.** **Thank you,** **Amanda** **==========** **9/19/13 ---Thank you for the clarification Kevin.** **I need to check with our federal reporting folks and get back to you.** **Amanda** **=======** **Per ABM:** **TANF cannot be used to support out of home care; we can only use GF for that purpose through CCF. The rate increase was earlier than 2011- I will have to check, but my gut says 2008-2009 ish...** **Sent from my iPad**	9/18/2013

	M
159	Yes, this is also Senator Caswell's intention. From: Kangas, Susan (DHS) [mailto:KangasS1@michigan.gov] Sent: Tuesday, September 17, 2013 9:37 AM To: 'Kevin Koorstra'; Frances Carley; Bright McClanahan, Amanda (DHS) Subject: RE: $3 CPA rate increase Frances, Could you please confirm with Senator Caswell that this was his intention as well? Susan Kangas Deputy Director, Financial Services Michigan Department of Human Services 517-373-7914 From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Friday, September 13, 2013 9:11 AM To: Frances Carley; Bright McClanahan, Amanda (DHS); Kangas, Susan (DHS) Subject: $3 CPA rate increase Rep. MacGregor agrees. The $3 rate increase was for everything but trail reunification/aftercare.
160	Kevin K: Amanda, I think the question is more directed at the fund sourcing for CPA case management over all. In particular, DHS claims TANF and TANF MOE for roughly 40% of the direct care workers line item, but I do not believe DHS claims any TANF or TANF MOE for CPA case management costs. So we are trying to figure out why the fund sourcing for the CPA costs are different from the DHS costs when the activities are nearly identical.

	A	B	C	D	E	F	G
161	Frances Carley	SFA		Contract Request	9/17/2013	2013-0917	ABM/SK/RD
162	Kevin Koorstra	HFA		Post Adoption Funding	9/17/2013	2013-0917-1	ABM/SK/RD
163	Frances Carley	SFA		Energy and Settlement questions	9/26/2013	2013-0926	ABM/RD/KF

	H	I
161		
162		
163		

	J
161	Amanda, In terms of the adoption placement/finalization rates, is MARE the only rate that is typically related to a child's age? Are all other payment scales based on the amount of time it takes to place/finalize an adoption? What is the age range to qualify for the MARE payment? Thanks, Frances
162	Amanda, I did some more digging on adoption service contracts and have attached an excel file. I consolidated the data from Business Objects in the Data (3) worksheet based on the invoice descriptions, so the PCA codes will not align. I have a couple questions I hope you can answer: The ADMIN 10-9902 contract appears to be the contract with Judson Center to administer MARE, correct? If so, can you explain why some of the expenditures for the MARE contract are coded under the incentive and post-adoption services PCA codes? What is the ADMIN 12-99009 contract with Judson Center? I think I have attached the ITB for that contract, but that contract appears to be related to foster care rather than post adoption services. Lastly, what is the MOU with Oakland County for? Thanks. Kevin
163	Hi Amanda, Last week, I received a copy of the MEAP RFP. I noticed that, in addition to the $50 million in LIEAF restricted revenue, $40 million from other sources will contribute to the program. Is the $40 million all LIHEAP? Do you have a revised LIHEAP spending plan for FY 14 that you could send to me? I also need to confirm the amount of crisis spending that is planned for FY 14. What is DHS's status on staffing to meet the Settlement ratios? Is the next report date in October? Thanks, Frances

	K	L
161		
162	Kevin, I thought these questions were addressed in a communication from Karyn a few weeks ago into the Legislature. However, here are the responses to your questions below. 1) ADMIN 10-99002 is the contract for MARE services with Judson Center. This contract originally was from 10/1/2009 – 9/30/2012 and was extended until 9/30/2013. In September of 2011, this contract was amended to include Adoption Navigator services. The Adoption Navigator services were funded through the Adoption Incentive Grant from September 2011 through June of 2012. These services have now been incorporated into the MARE contract and are processed out of the adoption support services line. 2)ADMIN 12-99009 is a contract for Foster Care Navigator services. The contract is currently with Judson Center. Foster Care Navigators provide support, guidance, direction and information to prospective foster parents. The Navigator's role is to be available to prospective foster parents and assist them in navigating through the licensing process and serve as a liaison between the licensing worker and the prospective family for clarification purposes. The majority of adoptions of foster youth are with their foster parents. 3) The MOU with Oakland County ended on 12/31/2012. The MOU was to support the Permanency Docket with Oakland County Court. Thanks! Amanda Sent from my iPad	10/21/2013
163		

	M
161	
162	
163	

	A	B	C	D	E	F	G
164	Kevin Koorstra	HFA		Adoptive Family Demographics	9/26/2013	2013-0926-1	ABM/RD/KF
165	Kevin Koorstra	HFA		Adoption Bills	9/26/2013	2013-0926-2	ABM/RD/KF
166	Frances Carley	SFA		Status Update Questions	9/27/2013	2013-0927	ABM/RD/KF

	H	I
164		
165		
166		

	J
164	Amanda and Karyn, Does BCAL or Children's Services Admin have demographics of licensed adoptive families? In particular, I have been asked about the religious make-up of the adoptive families. I know that DHS tries to ensure that the religious preferences of the child are respected, so I assume someone knows the religious preferences of the adoptive families. But I don't know if it's currently possible to tabulate those case by case information into statewide data. Thanks, Kevin
165	Amanda, Have you been asked to do a fiscal impact of the faith-based adoption bills? If you have, could you share whatever you are willing to provide? Kevin
166	Hi Ryan, I received some additional questions regarding items in the FY 14 budget. In addition to the energy and settlement questions below, could you please send me status updates on the following projects? I realize that most of them are not in an implementation phase yet, but if DHS has a timeline for RFPs or other any other steps planned, that would be enough for now. • SACWIS implementation date • Juvenile Justice In-Home Community Care • Juvenile Justice Data Analyst • Centers for Independent Living • Gentle Teaching Methods Pilot • One-Time Funding for IT • Centers for Independent Living Pilot Program • Campus Coaches Program • Child Care Fund Financial Reviews Thank you, Frances

	K	L
164		
165		
166	11/4/13 Hi Frances, The department intends to allocate $150,000 and distribute the funds through the Fostering Futures Scholarship program in conjunction with the Michigan Education Trust. We are still working out the full logistics with MET, but that is our intent at this time. I have attached a link to the most recent MET annual reports for detail on overall funding distribution and youth served. (http://www.michigan.gov/setwithmet/0,1607,7-237-44071---,00.html) Thanks, Ryan ========== From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, October 28, 2013 11:37 AM To: Doll, Ryan (DHS) Cc: Bright McClanahan, Amanda (DHS); Rancour, Lisa (DHS); DHS-BudgetServices Subject: RE: status update questions Thanks, Ryan. I must have listed the CILs twice by mistake, so I don't have any additional questions about this program. Could you please provide more information about DHS's plans for the foster care scholarships and the Fostering Futures Scholarship program, which I understand is an existing program? How much funding does the program distribute annually and to how many youth? Will the funding have to shift to Treasury in a supplemental? Thanks, Frances ========== I received some additional questions regarding items in the FY 14 budget. In addition to the energy and settlement questions below, could you please send me status updates on the following projects? I realize that most of them are not in an implementation phase yet, but if DHS has a timeline for RFPs or other any other steps planned, that would be enough for now. • SACWIS implementation date	10/28/2013

	M
164	Paul Gehm: 10/2/13 With proposals for change and all of the other FY'15 development demands, Karyn asked that I help out with a few responses. Do you mind if I reach out to Kevin on this issue, with the information Steve provided? Paul
165	
166	10/28/13 Thanks, Ryan. I must have listed the CILs twice by mistake, so I don't have any additional questions about this program. Could you please provide more information about DHS's plans for the foster care scholarships and the Fostering Futures Scholarship program, which I understand is an existing program? How much funding does the program distribute annually and to how many youth? Will the funding have to shift to Treasury in a supplemental? Thanks, Frances Ryan Doll responded 10/28/13

	A	B	C	D	E	F	G
167	Frances Carley	SFA		Thursdays Hearings SB556 EBT Cards	9/30/2013	2013-0930	ABM/RD/KF
168	Kevin Koorstra	HFA		522 Question	10/2/2013	2013-1002	ABM/RD/KF

	H	I
167		
168		

	J
167	Amanda, I've received a few questions about the requirements in SB 556 to block EBT access at strip clubs and liquor stores (in addition to casinos). The bill will be taken up in Banking this Thursday, so I'd like to have a fiscal impact statement ready by then. Attached, you'll find a contract with Xerox for EBT services – the first attachment is just 2 pages and includes a table of pricing for services; the second is the entire contract. The first item that is listed in the table is: Could you please provide responses to the following questions: 1. Does this contract cover all EBT transactions (i.e. Quest transactions)? Or does the State have contracts with other private ATM providers, banks, etc. that include provisions to block withdrawals from certain retailers, as well? 2. Is the cost to block withdrawals $10,000/mo. for all casino ATMs (as required by current law)? If SB 556 passes, would this monthly fee increase in order to account for the new retailers? 3. If the State has other contracts that block these withdrawals, what are the costs to do so annually? Would the bill cause the costs for these contracts to increase? Thanks, Frances
168	Amanda, How is DHS planning on allocating the funding earmarked in Sec. 522? I assume without revisions DHS will provide $150,000 in scholarship funding? Or is there a different plan? Thanks, Kevin

	K	L
167	Thanks for forwarding. I have a question to clarify the way that cash assistance (aside from SNAP) is processed. Does Xerox program/control which ATMs have the Quest logo? Or do the TPPs act independently of Xerox, in order to program their ATMs for cash assistance? Could Jim provide an estimate for the potential increased costs based on the legislation? The bills would require cash assistance access to be blocked at all liquor stores, tracks and adult entertainment venues. Considering there are hundreds of liquor stores (as opposed to 22 casinos), the $10,000 estimate might increase significantly. Thank you, -Frances From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, October 02, 2013 10:08 AM To: Frances Carley Cc: Ferrick, Karyn (DHS) Subject: FW: Thursday Hearing - SB 556 - EBT cards Importance: High Here you go Frances. Amanda	10/2/2013
168	Hi Kevin, We are using just the $150,000 for scholarships. Thank you, Amanda Sent from my iPad	10/21/2013

	M
167	Paul Gehm: 10/2/13 Here is the other inquiry Karyn asked I help with. Again, let me know if you are ok with me providing Jim's responses on this. log # is 2013-0930 From: Ferrick, Karyn (DHS) Sent: Wednesday, October 02, 2013 9:03 AM To: Gehm, Paul (DHS) Subject: FW: Thursday Hearing - SB 556 - EBT cards From: McCreight, Jim (DHS) Sent: Monday, September 30, 2013 4:24 PM To: Ferrick, Karyn (DHS); Smith, Paul (DHS); Mardyla-Goddard, Kari (DHS) Cc: Bright McClanahan, Amanda (DHS); Madden, Angela (DHS) Subject: RE: Thursday Hearing - SB 556 - EBT cards My response. 1. Does this contract cover all EBT transactions (i.e. Quest transactions)? Or does the State have contracts with other private ATM providers, banks, etc. that include provisions to block withdrawals from certain retailers, as well? The State does not have contracts with ATM providers at all. All transactions come through various "gateways"/Third Party Processors (TPPs). Most of those are banks. Xerox, our EBT vendor, receives the transactions from them. Retailers and ATM providers contract with the TPPs. The only exception are those food retailers authorized by FNS who choose to take the Xerox provided Point of Sale device (POS). They are directly connected to Xerox. But those must be authorized by FNS, so casinos, and "gentlemen's clubs" cannot qualify. Some small stores that sell liquor will qualify. 2. Is the cost to block withdrawals $10,000/mo. for all casino ATMs (as required by current law)? If SB 556 passes, would this monthly fee increase in order to account for the new retailers? The $10k per month is for any future blocking, including the casinos. Currently the casinos are blocking on their own. There could be adjustments in the costs depending on the demands of the legislation and number of devices. I don't expect a large increase, if any. The method that Xerox applies is not optimal. Many of the electronic addresses as well as physical addresses will not be known by Xerox. All of the "store type" codes are self-reported by the business entity, as is the physical address. Transactions may bounce off multiple servers and be hidden. That is why going through the ATM industry would be better. They know where their ATMs are. We have to guess. However, at least the spirit of the law can be minimally met. 3. If the State has other contracts that block these withdrawals, what are the costs to do so annually? Would the bill cause the costs for these contracts to increase? Xerox is the only EBT/SNAP contract we have. Annual costs would be at least $120,000.00 per year unless further requirements are mandated. Again, this is $120,000.00 for a faulty system. Improvements in the methods/expansion of the scope by Xerox will cost additional funds.
168	

	A	B	C	D	E	F	G
169	Kevin Koorstra	HFA		Sec 522 Question	10/23/2013	2013-1002-1	ABM/RD
170	Kevin Koorstra	HFA		Section Numbers in Business Objects	10/4/2013	2013-1004	ABM/RD/KF

	H	I
169		
170		

	J
169	How is DHS planning on distributing the scholarships? Is there a form or application that foster youth have to fill out? If so, can you provide that form? Do you have any sense on how much each foster youth would receive? From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, October 21, 2013 10:45 AM To: Kevin Koorstra Cc: Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); DHS-BudgetServices Subject: Re: Sec. 522 question Hi Kevin, We are using just the $150,000 for scholarships. Thank you, Amanda Sent from my iPad On Oct 2, 2013, at 3:28 PM, "Kevin Koorstra" <kkoorstra@house.mi.gov> wrote: Amanda, How is DHS planning on allocating the funding earmarked in Sec. 522? I assume without revisions DHS will provide $150,000 in scholarship funding? Or is there a different plan? Thanks, Kevin
170	On Oct 4, 2013, at 11:18 AM, "Kevin Koorstra" <kkoorstra@house.mi.gov> wrote: Amanda, I just noticed that the Section dimensions for a couple appn lines are incorrect in Business Objects for both AY13 and AY14. MRS and IL lines should be under section 0105 instead of under the JJ and CSA sections. Child Welfare CSSM should be under section 0107 instead of 107

	K	L
169	Hi Kevin, The plan is to distribute the funds through the Fostering Futures Scholarship program in conjunction with the Michigan Education Trust. We are still working out the full logistics with that entity, but that is our intent at this time. Amanda	10/28/2013
170	Kevin Koorstra: There is an Appropriation Number Profile screen in R*STARS (I think its 020) that has both Related Appn and Section numbers that you can edit. And Business objects pulls the Section number and Replated Appn number from that R*STARS screen. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, October 21, 2013 11:24 AM To: Kevin Koorstra Cc: Doll, Ryan (DHS) Subject: Re: Section numbers in Business Objects I am not sure how Business objects pulls the section numbers - we'll verify the related appropriations in MAIN. Thanks, Amanda Sent from my iPad	10/21/2013

	M
169	
170	

	A	B	C	D	E	F	G
171	Frances Carley	SFA		SB 526 & SB 530	10/7/2013	2013-1007	ABM/RD/KF
172	Frances Carley	SFA		SB 526 & SB 530	10/14/2013	2013-1007-1	ABM/RD/KF
173	Kevin Koorstra	HFA		HB 4893	10/8/2013	2013-1008	ABM/RD/KF

	H	I
171		
172		
173		

	J
171	Amanda and Karyn, I'm reviewing the child support package, SB 519- SB 530. Does DHS anticipate any fiscal impacts? I also have a few more specific questions about SB 526 and SB 530 below. Thanks. SB 526 Regarding subsection (i) below: • In cases where a child is a temporary court or state ward in residential placement, which party would be considered the care provider? Could the child support payments be diverted to one of these parties to offset the costs of care? If yes, would the SWBC/CCF costs to the State and counties be reduced as a result? • Will DHS or the courts incur any administrative costs to determine who is providing care, rather than the person who is named as the legal guardian? (i) "The office of the friend of the court may consider the 4 person legally responsible for WHO IS PROVIDING the actual care, 5 support, and maintenance of a child for whom support is ordered as 6 the recipient of support for the child and may redirect support 7 paid for that child to that recipient of support, subject to the 8 procedures prescribed in section 5d of the support and parenting 9 time enforcement act, 1982 PA 295, MCL 552.605d.". SB 530 • Many references to "the Office of the Friend of the Court" have been changed to "the Title IV-D agency." Similarly, some SCAO responsibilities are shifting to the Office of Child Support (reference is below). How would these changes impact the Judiciary and DHS budgets? Would we need a supplemental in FY 14 to shift funding from Judiciary to DHS in order to accommodate the change in responsibilities? Would the FY 15 budgets reflect these changes too? Or are the changes so minimal that they won't have an impact? • What is the Federal standard of promptness for distributing child support once a payment has been received from the non-custodial parent? (6) The state court administrative office OF CHILD SUPPORT is 25 responsible for determining what support information should be 26 provided to a consumer reporting agency and establishing the 27 policies and procedures for making support information available to a consumer 1 reporting agency under this section.
172	I understand that SB 519 – SB 530 might be taken up in Families on Wednesday. Have you received any information about the potential fiscal impacts of the bills? My questions on two of the bills are pasted below. Thanks, Frances
173	Amanda and Karyn, HB 4893 is a reintroduction of a bill from last session (5641) on the Central Registry. When we talked about that bill last session, there were some questions about IT costs related to the changes. Does DHS have an estimation on the IT costs to make the changes proposed in HB 4893? Right now I just include a generic "and one time IT costs" in my fiscal impact. Thanks, Kevin

	K	L
171	From: "Bright McClanahan, Amanda (DHS)" <brighta@michigan.gov> Date: October 21, 2013, 11:51:13 AM EDT To: Frances Carley <fcarley@senate.michigan.gov> Cc: "Gehm, Paul (DHS)" <GehmP@michigan.gov>, "Madden, Angela (DHS)" <MaddenA@michigan.gov>, "Doll, Ryan (DHS)" <DollR@michigan.gov>, "Baker, Amanda J. (DHS)" <BakerA3@michigan.gov>, "Kangas, Susan (DHS)" <KangasS1@michigan.gov> Subject: Fwd: SB 526 & SB 530 Q1. In cases where a child is a temporary court or state ward in residential placement, which party would be considered the care provider? Could the child support payments be diverted to one of these parties to offset the costs of care? If yes, would the SWBC/CCF costs to the State and counties be reduced as a result? A1. Subsection (i) is meant to cover redirection of support to person(s) (i.e., Grandmothers, aunts, uncles, etc.) that do not have legal responsibility for a child not placed by the courts. If a child is placed in DHS Foster Care, the child is considered to be under the care and custody of DHS. If the child's foster care placement is funded by the county or state, child support is assigned, rather than redirected, to reimburse the cost of care pursuant to Title IV-D, Section 408 [42 U.S.C. 608(a)(3)] of the SSA and Michigan Compiled Laws -- 400.155b(5), 552.605d(3), 400.112a(1) and 400.106. If a county court places a child in a residential placement (facility) and not DHS, the court could order reimbursement as per Section 712A.18(2) of the Probate Code for the parent, guardian or custodian to repay the county for the cost of care. Such "reimbursement orders" are not child support orders and neither OCS nor Friends of the Court enforce such orders or process payments. Since "reimbursement orders" are available today, the changes to SB 526 do not directly impact or potentially increase the reimbursement of SWBC/CCF costs to the state and counties. Q2. Will DHS or the courts incur any administrative costs to determine who is providing care, rather than the person who is named as the legal guardian? A2. There should not be any additional costs for DHS. We will discuss further implications with SCAO and respond in more detail soon. Q3. Regarding the questions about shifting responsibilities from SCAO to OCS and whether such shifts have a fiscal impact. A 3. None of these changes will have fiscal impacts. In fact, the changes will save time and trim communication requirements between SCAO and OCS to solidify policies and standards that are more properly aligned with OCS's responsibilities. As to SB 350, credit reporting agencies do not communicate electronically with SCAO, but with the Michigan Child Support Enforcement System (MiCSES), which is	10/21/2013
172		10/21/2013
173		

	M
171	**10/21/13 from Frances Carley:** **Thank you, Amanda. I think I'm good on these specific questions. I also asked whether DHS anticipated any fiscal impacts as a result of the bill package, in order to cover my bases. To confirm, does DHS expect any other fiscal impacts that were not specifically addressed in the response?**
172	Frances Carley 10/21/13: Additional request I'd like to follow up on my questions about the fiscal impacts of SB 519 – SB 530. Have you received any information that you could share?
173	

	A	B	C	D	E	F	G
174	Frances Carley	SFA		Prosecuting attorney contracts and costs	10/15/2013	2013-1015	ABM/RD/KF
175	Frances Carley	SFA		Prosecuting attorney contracts and costs	11/1/2013	2013-1015-1	ABM

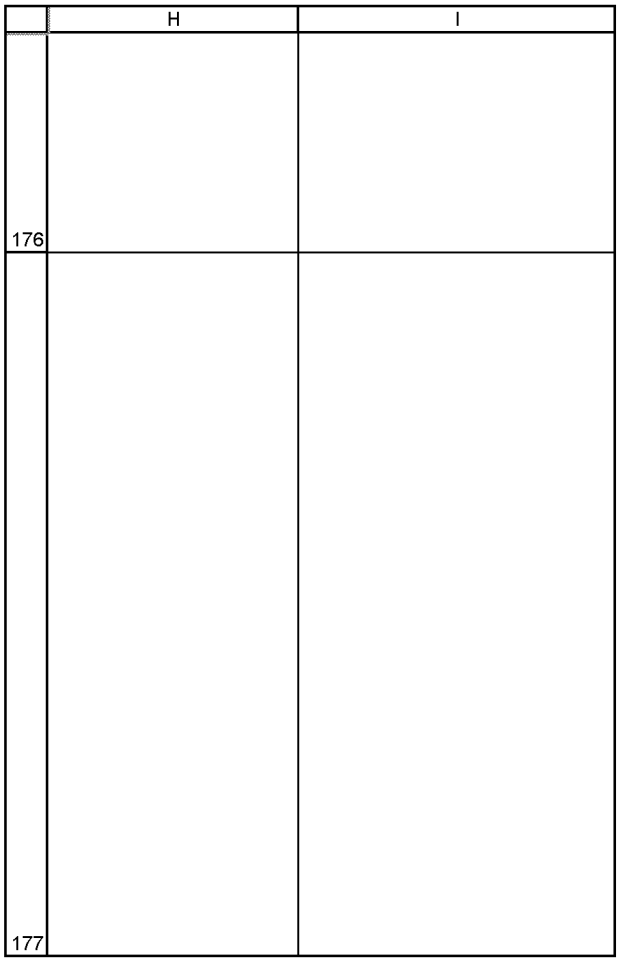
	H	I
174		
175		

	J
174	Hi Amanda, I'm working on an estimate to require the prosecuting attorneys or attorneys general to represent DHS in all child protective proceedings. This was one recommendation in the 2012 Ombudsman Report. The recommendation and DHS's support for the recommendation are pasted below (see pages 27-28 of the attached 2012 Ombudsman report): I ran a report on FY 12 & 13 CSS&M to find the current expenditures on outside attorney fees. I included court settlements, as well, but I'm not sure if this is correct. I attached the Excel file (the second tab isolates the attorney/court fees), and also the Business Objects report. I included the Local Office and Exec Ops CSS&M lines in this report, but I do understand that some of these items will not pertain to child protection cases. I thought that some of the expenses might be related to child protection, however, and that this report would provide a starting point. My estimates are: FY 12= $594k FY 13 = $748k Would DHS please provide an estimate for how much it would cost/save to transfer all of the child protection cases to prosecuting attorneys or attorneys general? Thanks, Frances Legal Representation for DHS OCO Recommendation 4: The OCO recommends that the Michigan Legislature amend MCL 712A.17 to require prosecuting attorneys or assistant attorneys general to serve as DHS' attorney in all child protective proceedings. Rationale: Current law does not require a prosecuting attorney to represent DHS in child protective proceedings. When a prosecutor appears in a child protective proceeding, he or she represents "the people of Michigan" and only serves as "legal consultant" to the department. The prosecutor must only appear at a hearing when ordered to do so by the court. MCL 712A.17(4), (5). If the prosecutor disagrees with DHS decisions or simply refuses to participate in a case, DHS must obtain private counsel if it wishes to be represented at all. MCL 712A.17(5). Although most prosecuting attorneys participate in trials, pleas, and hearings on termination of parental rights, they often do not provide assistance to or appear on DHS' behalf at dispositional review or permanency planning hearings, when crucial decisions are made regarding the children involved.
175	Amanda, Senator Caswell's office has asked me to follow up on my questions regarding the prosecuting attorney contracts. Have you received a response about the OCO recommendation? Frances

	K	L
174	Hi Frances, In looking at your data, I am concerned that the costs are not accurately reflected. The only line item where funding for private legal representation for child welfare is housed is 72040, CSS&M. Under program code 7172, object code 6125, the total for FY 2013 was $23,692. The total costs for FY2006 through FY2011 was only $138,000. Legal settlements and court ordered attorney fees are where we pay for the plaintiff's fees in a case when ordered to do so by the court. Each of these issues is not impacted by who represents the department in court. As far as the costs to use attorneys general or prosecuting attorneys statewide, we have run a few analyses over the course of the last two years. Currently, counties support the necessary match to draw down federal funding for prosecuting attorneys representing the department in court. As a result, there is no state general fund cost. Any expansion to that model would likely impact the counties. We have looked at moving to expansion of the Wayne County Attorney General Contract model through the use of identified special assistant attorneys general in counties throughout the state. Currently, that contract is supported largely through Title XX and general funds. (A small amount of Title IV-E is also used). In considering expansion of the contract, we run into the issue of having a capped level of Title XX funding, pushing a significant amount of costs to the general fund. This is a bit of an older analysis, but here are the bare bones numbers: • We estimated (for 2011) about 8,000 total cases would need to be served statewide (includes pending cases from a prior year, new filings, and cases re-opened net of disposed cases to achieve an ongoing caseload; includes Wayne County). • Based on total cases handled compared with total costs in 2010, we extrapolated a cost per case of about $1,300. • Using that information, we derived a total additional cost (netting out the existing Wayne County contract) of about $8.3 million gross. • Of that, the total IV-E amount was about 24%. The remainder would be GF or Title XX. • Because Title XX is capped, we assumed all Title XX costs would be GF. • Bottom-line GF impact was about $6.3 million. Ok, two BIG caveats: (1) Statewide case estimates are very difficult to derive, but we used SCAO case data from 2010 on child welfare caseloads as a basis with some assumptions about trends from prior year data. (2) Costs per case have increased because the costs per attorney have increased with employee economics over the past couple of years. (3) We assumed that the costs from Wayne County were generalizable throughout the state without making adjustments for specific administrative costs. This might	1/23/2014
175	Hi Frances, I will follow up with our program folks on this issue. I had sent it forward to them for further information. Amanda	11/1/2013

	M
174	Hi Frances, Ok, it took me some time, but we have the final data for 2013 from Wayne County. I have attached the information by month for your use. I have included the original estimate as well – please note, this analysis is outdated as it was developed some time ago, but it might provide you with a guide. Thanks, Amanda ========== My plan is to try to update the analysis with the most recent data, so it looks like I would need both sets of numbers in order to do that. I can contact SCAO for the statewide data, if you could provide the Wayne County numbers. Is it possible for the Department to share the original analysis in full? I want to be sure that I'm including all of the factors that should be taken into consideration. Thank you! Frances ========== Hi Amanda, No need to be concerned. The numbers were just a starting point. I was attempting to find out where some of the outside attorney costs were or could have been incurred, but I knew that the research wasn't complete in terms of providing a total estimate for a statewide change. I'll let the Senator know that the initial estimate is $8.3 million ($6.3 million GF), which will require some adjustments for economics, caseload trends, and, possibly, administrative expenses, as well. Frances
175	

	A	B	C	D	E	F	G
176	Frances Carley	SFA		Prosecuting attorney contracts and costs	10/15/2013	2013-1015-2	ABM/RD/KF
177	Frances Carley	SFA		Adoption Bill HB4647	10/23/2013	2013-1023	ABM/RD


H
I
176
177

	J
176	Amanda, I have just a couple of additional, follow-up questions about the contract proposal. Could DHS please also provide the number of cases that would have been served in 2013, or should I request this information from SCAO? How much was the Wayne County contract in FY 13? Thank you! Frances
177	Amanda and Karyn, I am helping one of our other analysts who was assigned HB 4647. Could you please provide the following: Approximately how many children under 1 year old are placed/adopted per year? Is the current Finalization Baseline payment of $3,600 based on 6 months? Would the bill increase the number of both Early Adoption Incentive payments (Levels I and II - $4,000 and $4,600)? Thanks, Frances

	K	L
176	Hi Frances, Do you want to know just what we were billed for in 2013 for Wayne County or statewide numbers? Statewide would come from SCAO information. Amanda	12/12/2013
177	Frances, Please see the answers to your questions below. Thanks, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, October 23, 2013 9:04 AM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Gehm, Paul (DHS); Daniel O'Connor Subject: Adoption Bill HB 4647 Importance: High Amanda and Karyn, I am helping one of our other analysts who was assigned HB 4647. Could you please provide the following: Approximately how many children under 1 year old are placed/adopted per year? According to data pulled on 10/25/13, there were 2,346 adoptions finalized in Michigan from the foster care system of which 387 were between the ages of 0 and 1. Is the current Finalization Baseline payment of $3,600 based on 6 months? The adoption payment structure is based on the type of adoption or the length of time from receipt of the written order from the court terminating all parental rights or the date on which the DHS 3600 is fully executed, if the case has been transferred from DHS to the Contractor, whichever is later, to the date of placement in an adoptive home. The date of placement in the adoptive home is the date the court signed the Order Placing the Child and not on the date the court signed the order finalizing the adoption. The rate category which is established based on the Order Placing Child date doesn't change when processing payment for the finalization rate. For example, if the payment category for adoptive placement is at the baseline placement rate, then the finalization payment will be at the baseline finalization rate, no matter how long the adoption case was under supervision. Would the bill increase the number of both Early Adoption Incentive payments (Levels I and II - $4,000 and $4,600)? If the definition of formal placement in HB4647 means when an Order Placing Child is signed , then the bill wouldn't affect the number of early adoption incentive payments. As stated above, the payment structure is based on the type of adoption or the length of time from receipt of the written order from the court terminating all parental rights or the date on which the DHS 3600 is fully executed, if the case has been transferred from DHS to the Contractor, whichever is later, to placement in an adoptive home (date the Order Placing Child is signed by the court). The supervision period following an Order Placing Child doesn't have any bearing on the payment rate structure for the finalization payment, as the rate structure was previously established when the Order Placing Child was signed by the court . Thanks, _	10/31/2013

	M
176	
177	

	A	B	C	D	E	F	G
178	Frances Carley	SFA		Senate Hearings MRS Questions	10/28/2013	2013-1028	Paul Gehm

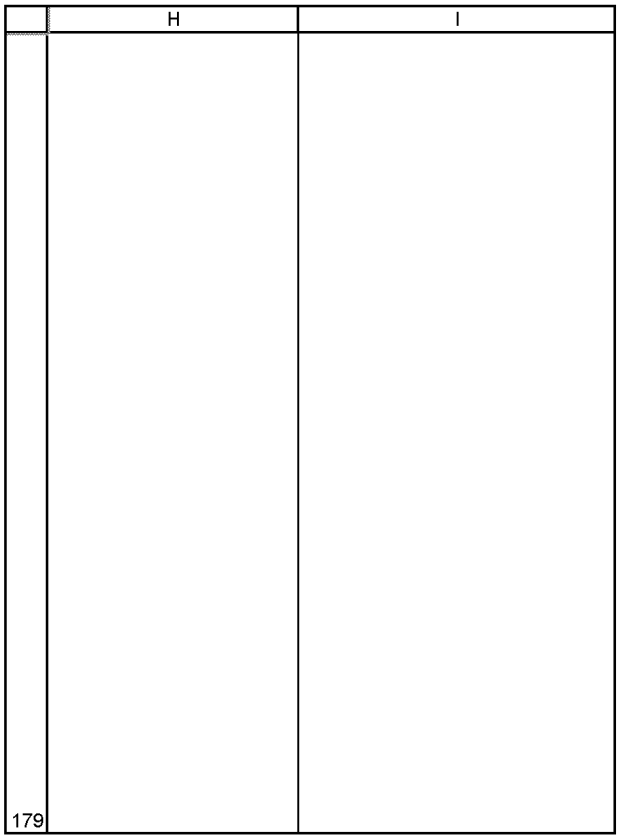
	H	I
178		

	J
	Hi Paul, Thanks very much for the follow-up information. I forwarded it to the subcommittee. I've compiled the list of questions and information requests from the 10/22 hearing on MRS. 1. Specifics about all of the reductions - efficiencies with rent, other administrative overhead, staffing, everything. Would like all detail in written report. 2. How is money saved being reinvested and spent on services for people in program? How has the money shifted? How are these services impacting the customer? What do they have today that they didn't two years ago? 3. Number of cases and cases per worker; what are upcoming year projections? 4. Monthly report on work success rate 5. New October 2013 quarterly report data. 6. Vehicle purchases: type of cars and costs 7. What are all of the things we buy for people? Would like a list. Some are unusual and we wouldn't ask for it back, but some items could be returned to MRS. 8. What are the missing receipts for? For those items that are not documented, are they smaller or larger purchases? This is great improvement, but want to stay on track. Want more in-depth report on stats. 9. Who is in work group? Request for list. 10. 54 million are on disability nationwide, but how many in Michigan? Thank you, Frances From: Gehm, Paul (DHS) [mailto:GehmP@michigan.gov] Sent: Tuesday, October 29, 2013 8:15 AM To: Frances Carley Subject: Sen. DHS Approps. Oct. 15 Hearing Followup
178	Frances,

	K	L
178		

	M
178	

	A	B	C	D	E	F	G
179	Frances Carley	SFA		SFA Transfer Questions	10/29/2013	2013-1029	ABM/RD/KF


H
I
179

	J
179	Frances Carley: 11/4/13 I did receive additional questions about the 1st Line Supervisors. How many FTEs were hired in FY 13? What is the current compliance rate for the settlement ratio? Thanks, Frances From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, November 04, 2013 11:47 AM To: Kevin Koorstra; Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: SFA Transfer Questions I will make sure we have responses for all of these questions tomorrow. I just want to do one final check to make sure they have not been any other questions added so we are prepared to discuss everything tomorrow morning. Thank you, Amanda ========== From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Sunday, November 03, 2013 4:39 PM To: Bright McClanahan, Amanda (DHS); Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: SFA Transfer Questions Amanda, I have a few questions in addition to Frances' questions. Please note that some of these are not technical HFA questions, but are questions I have already been asked: 1) Fringes transfers –Did DHS/SBO know at time of the April transfer request that the state could not claim the $40+ million in other federal revenues added to the fringes line? 2) ESLOA transfers – why is there a significant lapse in this line? Are counties offices not spending their allocations? Were there programmatic changes? Fewer applications? related to DHS' budgetary savings plan? 3) CPP transfer – is there $5.3 million TANF to transfer? Business Objects shows $9.7 million in 100% TANF related expenditures and TANF is also used for the personnel cost

	K	L
179	We will set something up early in the week Frances. Thank you. I did receive your message. We were holding trainings for our program areas and I am still coming through my messages from my time out of the office. Amanda	10/31/2013

	M
179	date: 11/3/2013 Amanda, I have a few questions in addition to Frances' questions. Please note that some of these are not technical HFA questions, but are questions I have already been asked: 1) Fringes transfers –Did DHS/SBO know at time of the April transfer request that the state could not claim the $40+ million in other federal revenues added to the fringes line? 2) ESLOA transfers – why is there a significant lapse in this line? Are counties offices not spending their allocations? Were there programmatic changes? Fewer applications? related to DHS' budgetary savings plan? 3) CPP transfer – is there $5.3 million TANF to transfer? Business Objects shows $9.7 million in 100% TANF related expenditures and TANF is also used for the personnel cost pool that is also supported in this line. The lapse is related to DHS' budgetary savings plan, correct? 4) CSBG transfer – Can you provide the award letter(s)? I can only find tables that show the state's allocation at $23-24 million. 5) YIT-Training transfer – what in either YIT or training needs GF/GP or where cannot GF/GP be used in replace of TANF? Does YIT need GF/GP related to federal matching requirements? Is the TANF related to the reduction in the Homeless and runaway youth contracts? Thanks, Kevin From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, October 30, 2013 10:03 AM To: Frances Carley Cc: Doll, Ryan (DHS); DHS-BudgetServices; Kevin Koorstra; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: SFA Transfer Questions We will set something up early in the week Frances. Thank you. I did receive your message. We were holding trainings for our program areas and I am still coming through my messages from my time out of the office. Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Tuesday, October 29, 2013 12:11 PM To: Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); DHS-BudgetServices; Kevin Koorstra; Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: SFA Transfer Questions Amanda, I'm forwarding my questions about the transfer requests. I've heard that DHS is planning a conference call next week, as well.

	A	B	C	D	E	F	G
180	Frances Carley	SFA		SB 587 Human Trafficking Bill	11/4/2013	2013-1104	ABM/RD/KF/G. Gehm
181	Kevin Koorstra	HFA		Magi Delay	1/2/2014	2014-0102	ABM

	H	I
180		
181		

	J
180	Karyn and Amanda, I'm working on a fiscal analysis of SB 587, which requires counseling services for state wards who are victims of trafficking. • What percentage of foster care children are state wards versus court wards? If it's easier to identify the percentage of IV-E days of care, that would be fine too. • Would the counseling services require additional funding, or would the services primarily be provided by DHS caseworkers? • Will the bill have any fiscal impact on the state or counties? Regarding assessments that are required under current statute (see reference below): • Are assessments included in the 50-50 county-state split? If not, how are they usually paid for? • What percentage of court wards receive assessments? • Does statute require that court wards receive assessments? If not, do court wards always receive assessments if they are under DHS supervision? • Regarding the various definitions in statute, the Settlement, and policy, is a psychological evaluation the same thing as a mental health assessment? FOSTER CARE AND ADOPTION SERVICES ACT Act 203 of 1994 722.954c Release of child's medical records; medical passport; contents; transfer; performance of assessment or psychological evaluation; medical examination. Sec. 4c. (4) If a child under the care of a supervising agency has suffered sexual abuse, serious physical abuse, or mental illness, the supervising agency shall have an experienced and licensed mental health professional as defined under MCL 330.1100b(14)(a) or (b) or a social worker certified under section 1606 of the occupational code, 1980 PA 299, MCL 339.1606, who is trained in children's psychological assessments perform an assessment or psychological evaluation of the child. The costs of the assessment or evaluation shall be borne by the supervising agency. This subsection applies only to a child who is made a state ward on or after the effective date of the amendatory act that added this section. LINK: http://www.legislature.mi.gov/(S(0v5s4y5531kttd45bge20fuj))/mileg.aspx?page=getObject&objectName=mcl-722-954c Thank you, Frances
181	Amanda, I noticed on the policy bulletin 2014-01 that the MAGI implementation has been delayed. Do you know if there will be a financial penalty from the feds for the delay?

	K	L
	Hi Frances, I am very sorry – I think we had a bit of a miscommunication here, and I thought you had received all of this information in December. I have attached everything I have on this. Again, I am very sorry about this mix-up. • What percentage of foster care children are state wards versus court wards? We do not have data on court wards not referred to DHS. Our fact sheet provides the total number of cases statewide in foster care. Caseload data from the department monthly identifies the state ward population. This would provide a rough estimate overall. If it's easier to identify the percentage of IV-E days of care, that would be fine too. • Would the counseling services require additional funding, or would the services primarily be provided by DHS caseworkers? We are not sure whether all caseworkers would meet the requirements identified below. This could require additional funding if you are adding more children who are accessing these services. These children may be already receiving counseling so it may not have a financial impact. Counseling would be an ongoing cost. There are funding sources for counseling, and they are paid through contracts in the local office. Counseling payments are not made from SWSS so we wouldn't have data on these payments. • Will the bill have any fiscal impact on the state or counties? Yes, if more children are utilizing the service. It will have an impact on both the state and county depending on the child's fund source and how counseling payments are funded. Counseling is not a IV-E reimbursable expense. This is from the ACF Child Welfare Policy Manual regarding title IV-E. This is a service that is primarily funded through CCF - either by the county with a 50% reimbursement from the state, or but the state with a 50% chargeback to the county. Please see the note below from the ACF child welfare policy manual. Regarding assessments that are required under current statute (see reference below): • Are assessments included in the 50-50 county-state split? If not, how are they usually paid for? Most psychological evaluations are paid for as a DHS-93 payment if they are required for court purposes and if they are not available through Medicaid. They can also be paid as a non-scheduled payment. There would be a 50-50 split on these as this service is not currently IV-E reimbursable. This is from FOM 903-9 pg 9-10. • What percentage of court wards receive assessments? We cannot provide this data. • Does statute require that court wards receive assessments? This would require a legal interpretation. If not, do court wards always receive assessments if they are under DHS supervision? Wards placed with DHS would be eligible for the same services regardless of legal status. The difference would be their fund source and who would pay for those services.	1/29/2014
180	• Regarding the various definitions in statute, the Settlement, and policy, is a psychological evaluation the same thing as a mental health assessment? An intake	
	Hi Kevin, I have some clarification from our experts here. Implementation of the MAGI policy has not been delayed. It is in effect now. However, the IT system upgrades necessary to automate much of the policy have not yet been completed but will be ready in late January. There is no financial penalty. Thank you, Amanda	1/2/2014
181		

	M
180	1/29/14 Hi Amanda, I'd like to follow up on my questions regarding SB 587. It's on the agenda again today in Families. Does DHS have an estimate for the counseling services? Thanks, Frances 1/29/14 per ABM
181	

	A	B	C	D	E	F	G
182	Kevin Koorstra	HFA		AY 13 ARF Cleaning Issue	1/2/2014	2014-0102-01	ABM
183	Frances Carley	SFA		DOC Payments and Proposed Adoption Bill	1/9/2014	2014-0109	ABM/RD
184	Frances Carley	SFA		FY14 Caseload Data	1/13/2014	2014-0113	ABM/RD/TD

	H	I
182		
183		
184		

	J
182	##########
183	Hi Amanda, I am working on an estimate for Senator Caswell's bill on Adoption Subsidy Determination of Care payments. Essentially, the legislation would allow adoptive parents to claim additional DOC payments after an adoption has been finalized if a parent finds that the child has exceptional needs. The bill is similar to the proposal that he included in the last few Senate budgets. I received information from LARA to calculate the costs of potential Administrative Hearings. I also would like to include potential staffing needs and additional DOC costs. For staffing, I am looking for the current FTE count in the Adoption Subsidy Office, and am assuming that additional FTEs would be needed to review DOC renegotiation appeals. How many DOC renegotiation cases would each new FTE be able to handle annually? I've attached my research in Business Objects. Is the current FTE count in the Adoption Subsidy Office represented under the 8.0 FTEs for "74760/8075 OFF OF CHILD SVC-ADOPT PG OFF" under Adoption Support Services? Or are these Adoption Subsidy Office staff listed under another line item? In terms of estimating potential DOC costs, I am currently comparing national estimates on the occurrence of mild to severe exceptional health needs in children who were adopted from foster care to the State's DOC payments. In order to obtain an estimate, I'm assuming that if the national average for severe cases, for example, exceeds the current rate of DOC payments for severe cases, that the State would incur these additional costs. If DHS has a better method to approximate the potential costs, however, I would welcome that feedback. If there are other costs in addition to Admin Hearings, DOC payments and FTEs, please also let me know so that I can include them in the estimate. Thank you, Frances
184	##########

	K	L
182	Hi Kevin, The expenditures that hit AY13 in FY14 are related usually related to encumbrances, accruals, and account payables. They do hit the ARF funds because we do not change the fund on the coding that was used to establish the transaction. For example, when we establish an encumbrance in the IT line item, it is established using the coding in effect for what that charge would have used in 2013. If we wanted the transition to hit directly to the fund sources directly, we would have to change the fund, which would be difficult for many of the items established because of the cost pools at play. We usually try to clear these transactions monthly, but with book closing activities during the first quarter, that can be delayed. We hope to resume clearing the prior AY's ARF transactions in January. Thanks, Amanda	1/2/2014
183	Amanda – Would you be able to provide the percent and number of all children receiving an adoption subsidy who are ages 13 and over? Thank you, Frances From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Tuesday, March 18, 2014 5:47 PM To: Frances Carley Cc: Chad Arnold; Doll, Ryan (DHS); DHS-BudgetServices; Alisha Cottrell; Matt Blinkilde; Ferrick, Karyn (DHS); Yager, Steve (DHS); Kangas, Susan (DHS) Subject: RE: DOC Payments and Proposed Adoption Bill Hi Frances, I wanted to get back to you. The granularity in data needed to meet these requests is not available at this time. I have attached related policy and the forms used to determine DOC levels for youth in foster care for reference as indicated in the attached policy manuals. http://www.mfia.state.mi.us/olmweb/ex/AA/Public/AAM/200.pdf http://www.mfia.state.mi.us/olmweb/ex/AA/Public/AAM/210.pdf http://www.mfia.state.mi.us/olmweb/ex/FO/Public/FOM/903-03.pdf Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Thursday, January 23, 2014 2:23 PM To: Bright McClanahan, Amanda (DHS) Cc: Chad Arnold; Doll, Ryan (DHS); DHS-BudgetServices; Alisha Cottrell; Matt Blinkilde; Ferrick, Karyn (DHS); Yager, Steve (DHS); Kangas, Susan (DHS) Subject: RE: DOC Payments and Proposed Adoption Bill Hi Amanda,	3/20/2014
184		

	M
182	
183	
184	

	A	B	C	D	E	F	G
185	Frances Carley	SFA		DHS Hearing Questions	1/14/2014	2014-0114	P. Gehm
186	Frances Carley	SFA		MRS Project Search Funding	1/15/2014	2014-0115	ABM/RD

	H	I
185		
186		

	J
185	Hi Paul, I've compiled a list of questions/requests that came from today's hearing. 1. page 3 of report – how is DHS evaluating workers to see if parents are meeting visitation requirements? Are we improving? What are specific county statistics to show we are meeting requirements? 2. Please provide a copy of the assessment criteria for visitations and the clear performance objectives. Also please provide regular reports on progress (this doesn't need to be monthly). 3. Senator Caswell would like to speak with Karyn to explore whether it is beneficial for the courts to be able to make changes to a foster care service plan. 4. Page 24: do we need to support the 4 bullet items through the appropriations process? Senator Caswell asked DHS to "Look it over and send us your opinion if we need to do something different as a committee." 5. Request for information regarding the accessibility of mileage reimbursements. Best, Frances
186	Amanda, I received a request for information on the Project SEARCH program, which I believe is a collaborative effort to provide employment support to autistic individuals, and involves eight of DHS's nonprofit contractors under MRS. I've searched Business Objects, but it does not provide the level of detail that has been requested. Is DHS able to provide the total amount of State funding that was provided to Project SEARCH in FY 12 and FY 13? Thanks, Frances

	K	L
185		
186	Hi Frances, Project SEARCH is funded using Aware Case Services authorization which is financed with a combination of federal and local match. In the absence of available local match, state funds would be required but are not easily identifiable. There are no state funds dedicated to Project SEARCH. Ryan	1/23/2014

	M
185	
186	Thanks for the information. I'm not familiar with Aware Case Services, and a Google search didn't result in any useful information. Could you please point me in the right direction regarding the Federal funds and/or funding model? From RD 1/23/14 Good morning Frances, AWARE is the case management data base that MRS uses for vocational rehabilitation services. Authorizations are issued through AWARE for services provided to MRS customers. MRS case service expenditures are mostly funded with Federal Title I dollars. Title I funding has a 21.3% matching requirement. MRS does not receive enough state appropriated funds to draw down our full Title I grant so we use local match in the forms of Private Contributions, Interagency Cash Transfer Agreements and Third Party Cooperative Arrangements to satisfy the match requirement to the greatest extent possible. Ryan

	A	B	C	D	E	F	G
187	Frances Carley	SFA		FY14 Stats SEC 687	1/17/2014	2014-0117	TD/RD

	H	I
187		

	J
	Hi Terry, Could you please tell me whether any of the statistical reports that are listed in Sec. 687 are available yet? Several items were slated for Jan. 1st, while others have a date of April 1st. The boilerplate language is pasted below. Thanks. -Frances Sec. 687. (1) Beginning January 1, 2014, on a quarterly basis, the department shall compile and make available on its website all of the following information about the family independence program, state disability assistance, the food assistance program, Medicaid, and state emergency relief: (a) The number of applications received. (b) The number of applications approved. (c) The number of applications denied. (d) The number of applications pending and neither approved nor denied. (e) The number of cases closed. (2) The information provided under subsection (1) shall be compiled and made available for the state as a whole and for each county and reported separately for each program listed in subsection (1). (3) Beginning April 1, 2014, on a quarterly basis, the department shall compile and make available on its website the family independence program information listed as follows: (a) The number of new applicants who successfully met the requirements of the 21-day assessment period for partnership accountability training hope. (b) The number of new applicants who did not meet the requirements of the 21-day assessment period for partnership accountability training hope. (c) The number of cases sanctioned because of the school truancy policy. (d) The number of cases closed because of the 48-month and 60-month lifetime limits. (e) The number of first-, second-, and third-time sanctions.
187	(f) The number of children ages 0-5 living in FIP-sanctioned

	K	L
187	Ryan, Since you were copied on this email, you probably received it. I'm forwarding the request for your tracking. I'll just forward the response to everyone who was copied on the original email when it comes through. Thanks. Frances From: Drum, Terry (DHS) [mailto:DrumT@michigan.gov] Sent: Friday, January 17, 2014 1:11 PM To: Frances Carley Cc: Doll, Ryan (DHS); Bright McClanahan, Amanda (DHS); Kevin Koorstra; Horn, Daniel (DTMB); Brown, Marlon (DTMB); Alisha Cottrell; Matt Blinkilde Subject: RE: FY14 Statistics - Sec. 687 Francis, I'm the wrong person to ask. Please re-forward directly to Ryan. Thank you, Terry	1/21/2014

	M
187	reference legislative log : 2014-0113 Frances, Please see the attached update on this item. The department will also be posting this on the public website. Thank you, Amanda File on shared drive Legislative tracking log #2014-0117

	A	B	C	D	E	F	G
188	Frances Carley	SFA		Request: Program Updates	1/22/2014	2014-0122	ABM
189	Frances Carley	SFA		Request Program Updates	1/22/2014	2014-0122	ABM/RD

	H	I
188		
189		

	J
188	Amanda, In late September, I received updates from you and Ryan regarding several pilot programs. Could you please provide a more recent status update for these, and two additional items included in the list below? 1. Juvenile Justice In-Home Community Care pilot program http://www.michigan.gov/documents/dhs/Section_587__2014_449009_7.pdf?20140314113853 A report was issued on March 1 for this item. I have included the link above. 2. Centers for Independent Living pilot program In October 2013, MRS distributed the $1.5 million IL pilot funds to the 15 CILs. Each CIL received a Disability Guide Pilot Project contract of $100,000 to address barriers, navigate systems and support paths to financial self-sufficiency. The Disability Guides will assist persons with disabilities and their families at the front-end by identifying and removing barriers early, so they can access and navigate state systems, including public assistance, to become financially self-sufficient. During the first five months of the project, the CILs have trained 70 staff in Motivational Interviewing techniques, developed evaluation plans, met with over 100 local human service agencies, devoted more than 2,150 hours to systems change, and served 209 persons with disabilities. 3. Gentle Teaching Methods pilot program http://www.michigan.gov/documents/dhs/3f4cdSection_5092__2014__449931_7.pdf?20140314113853 A report was issued on February 25 for this item. I have included the link above. 4. Administrative Hearing pilot program – 3 counties – Genesee, Washtenaw and Jackson This program was taken out of pilot status and has actually been implemented statewide effective March 1. I have asked for some additional information for you to have as well. I will send that along ASAP. 5. Task Force to maximize Medicaid utilization http://www.michigan.gov/documents/dhs/f6391Section_603__2014_449938_7.pdf?20140314113713 A report was issued on February 13 on this task force. I have included the link above. Quarterly meetings are expected to continue through the rest of FY2014. They have been scheduled for April, June, and September.
189	Amanda, In late September, I received updates from you and Ryan regarding several pilot programs. Could you please provide a more recent status update for these, and two additional items included in the list below? 1. Juvenile Justice In-Home Community Care pilot program 2. Centers for Independent Living pilot program 3. Gentle Teaching Methods pilot program 4. Administrative Hearing pilot program – 3 counties – Genesee, Washtenaw and Jackson 5. Task Force to maximize Medicaid utilization Thanks, Frances

	K	L
188	Frances, Please see responses below. I wanted to close the loop; I am sure you have seen most of these updates through boilerplate reports by now. Thank you, Amanda From: Bright McClanahan, Amanda (DHS) Sent: Wednesday, January 22, 2014 3:07 PM To: 'Frances Carley' Cc: DHS-BudgetServices; Matt Blinkilde; Alisha Cottrell; Doll, Ryan (DHS) Subject: RE: Request: Program Updates We'll get to work on these Frances. Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, January 22, 2014 3:00 PM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Matt Blinkilde; Alisha Cottrell; Doll, Ryan (DHS) Subject: Request: Program Updates Amanda, In late September, I received updates from you and Ryan regarding several pilot programs. Could you please provide a more recent status update for these, and two additional items included in the list below? 1. Juvenile Justice In-Home Community Care pilot program http://www.michigan.gov/documents/dhs/Section_587__2014_449009_7.pdf?20140314113853 A report was issued on March 1 for this item. I have included the link above.	
189	We'll get to work on these Frances. Amanda	

	M
188	
189	

	A	B	C	D	E	F	G
190	Frances Carley	SFA		DOC Payments and Proposed Adoption Bill	1/9/2014	2014-0123	ABM/RD
191	Frances Carley	SFA		Weatherization	1/30/2014	2014-0130	ABM/RD/AJB

	H	I
190		
191		

	J
190	Amanda, I'm forwarding my estimate for Senator Caswell's bill regarding adoption DOC subsidies. It's attached as an Excel document, along with the business objects search that I forwarded earlier this month. The Excel file has 4 tabs – the first is the summary of the estimate and the other 3 tabs provide background on my calculations. I made notes regarding my assumptions and proxies, but can provide more detail if you'd like. If you have another way to approach this issue, or information that must be taken into account that I do not have, please provide feedback as soon as possible. Thank you! Frances From: Frances Carley Sent: Thursday, January 09, 2014 1:19 PM To: Bright McClanahan, Amanda (DHS) Cc: Karyn Ferrick; Doll, Ryan (DHS) (DollR@michigan.gov); Gehm, Paul (DHS) (GehmP@michigan.gov); Chad Arnold; Matt Blinkilde; Yager, Steve (DHS) (YagerS@michigan.gov) Subject: DOC Payments and Proposed Adoption Bill Hi Amanda, I am working on an estimate for Senator Caswell's bill on Adoption Subsidy Determination of Care payments. Essentially, the legislation would allow adoptive parents to claim additional DOC payments after an adoption has been finalized if a parent finds that the child has exceptional needs. The bill is similar to the proposal that he included in the last few Senate budgets. I received information from LARA to calculate the costs of potential Administrative Hearings. I also would like to include potential staffing needs and additional DOC costs. For staffing, I am looking for the current FTE count in the Adoption Subsidy Office, and am assuming that additional FTEs would be needed to review DOC renegotiation appeals. How many DOC renegotiation cases would each new FTE be able to handle annually? I've attached my research in Business Objects. Is the current FTE count in the Adoption Subsidy Office represented under the 8.0 FTEs for "74760/8075 OFF OF CHILD SVC-ADOPT PG OFF" under Adoption Support Services? Or are these Adoption Subsidy Office staff listed under another line item? In terms of estimating potential DOC costs, I am currently comparing national estimates on the occurrence of mild to severe exceptional health needs in children who were adopted from foster care to the State's DOC payments. In order to obtain an estimate, I'm assuming that if the national average for severe cases, for example, exceeds the current rate of DOC payments for severe cases, that the State would incur these additional costs. If DHS has a better method to approximate the potential costs, however, I would welcome that feedback. If there are other costs in addition to Admin Hearings, DOC payments and FTEs, please also let me know so that I can include them in the estimate. Thank you, Frances
191	Amanda, I am forwarding a few questions regarding weatherization funding and spending. 1. Will any of the MEAP grants provide weatherization/energy efficiency services? If so, please include the projected amount to be spent and the agencies. 2. 5-year history: -Amount of WAP block grant funding received by the State (I have actual spending, but not the full grant amounts with adjustments) -Amount of CSBG funding that was spent on weatherization -Number of homes weatherized annually 3. Percentage and number of clients who receive weatherization services who also had applied for and/or received energy crisis assistance in the past year. a. Are weatherization services contingent on a demonstrated need for crisis assistance? Thank you, Frances

	K	L
190	Hi Frances, The adoption subsidy unit is actually housed in 74100, and is comprised of about 23 FTEs. I have included a single pay period of costs and position titles for your use – the pay period is the last one in December. I have included the organizational code at the top if that helps you in developing any further queries. Just a note, this unit includes 6 employees associated with the Young Adult Voluntary Foster Care program. I have excluded those FTEs for your purposes as their duties are not directly related to adoption subsidy. For the DOC calculations, I am not sure I am following your methodology completely, but I think I understand the generalities around it. From the information provided, the analysis assumes that 42% of children adopted should qualify as special needs, and are therefore eligible for subsidy. Using foster care as a proxy, the analysis assumes just over 2,800 children would be eligible for DOC under the currently methodology. Based on the age data provided, we know currently that just over 300 are receiving DOC at age 13+. However, we do not know how many of the medically fragile and DOC IV kids are 13+. Just a couple of thoughts occur to me initially: • It appears the analysis is assuming that the bulk of the cases targeted currently have no DOC and will subsequently qualify for a DOC I level. Do the assumptions include children currently receiving DOCs moving to higher levels – for example, those potentially moving from DOC I to DOC II? • Were there any assumptions about the potential woodwork effect on medical subsidies associated with families trying to access additional direct subsidy assistance? • I think this was meant as a point in time analysis, so potential caseload changes are not included. Is that correct? Thank you, Amanda	1/23/2014
191	From: Ferrick, Karyn (DHS) [mailto:FerrickK@michigan.gov] Sent: Monday, February 3, 2014 11:46 AM To: Kevin Koorstra; Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Gehm, Paul (DHS) Subject: RE: HB 5228 Kevin, We are currently working with the sponsor (Kurtz) on a fix for this issue. HB 5228 was intended only to be a companion bill to HB 5039. It was not supposed to grant new authority or access to DHS or the OCO. Rather HB 5039 was intended to permit the OCO to request these records in the same way that DHS can request – but that access would still be subject to federal law which requires valid consent or a court order. I apologize for the confusion, we are working on a solution and Josiah should also now be aware of this issue/fix. When he said that this was codifying current policy/practice he was correctly referring to the intent for the bill which is to permit them the same ability to request subject to federal law. Unfortunately it just wasn't reflected in the bill.	2/3/2014

	M
190	Hi Amanda, I've provided responses to your questions and comments below, and, hopefully, have explained the methodology in a way that's clear. In order to address some of the issues that you mentioned, I would need to request some additional information. Please give me a call if it would help to talk through anything. Thanks! Frances 3-2012 From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Thursday, January 23, 2014 12:57 PM To: Frances Carley Cc: Chad Arnold; Doll, Ryan (DHS); DHS-BudgetServices; Alisha Cottrell; Matt Blinkilde; Ferrick, Karyn (DHS); Yager, Steve (DHS); Kangas, Susan (DHS) Subject: RE: DOC Payments and Proposed Adoption Bill Importance: High Hi Frances, The adoption subsidy unit is actually housed in 74100, and is comprised of about 23 FTEs. I have included a single pay period of costs and position titles for your use – the pay period is the last one in December. I have included the organizational code at the top if that helps you in developing any further queries. Just a note, this unit includes 6 employees associated with the Young Adult Voluntary Foster Care program. I have excluded those FTEs for your purposes as their duties are not directly related to adoption subsidy. Thank you. For the DOC calculations, I am not sure I am following your methodology completely, but I think I understand the generalities around it. From the information provided, the analysis assumes that 42% of children adopted should qualify as special needs, and are therefore eligible for subsidy. Using foster care as a proxy, the analysis assumes just over 2,800 children would be eligible for DOC under the currently methodology. The 42% estimate is applied independently to the category of children 13+. Currently, about 49% of the total number cases receive DOC. The analysis applies only to children who are 13+; if the 25% proxy is correct, then @ 13% of the children 13+ are receiving DOC. The analysis therefore builds from this 13% estimate, assuming that the number of claims for children 13+ would increase, and that the increase ultimately would range around the 42% midpoint. Of the children who are 12 and under, more than 45% receive subsidies, and therefore I did not include them in the analysis. Based on the age data provided, we know currently that just over 300 are receiving DOC at age 13+. However, we do not know how many of the medically fragile and DOC IV kids are 13+. Correct – the estimate did not include these cases. Some of the children receiving the IV and medically fragile DOC are over 13, and some are 12 and under. I applied the 42% estimate to the DOC levels I, II, III for children 13+, because this is the data that I have that defines age categories. If I'm able to include the 13+ children who are in the IV and medically fragile DOC levels, the 13% mentioned above would increase by the given percentage, and my projected cost estimate would decrease accordingly. Just a couple of thoughts occur to me initially: • It appears the analysis is assuming that the bulk of the cases targeted currently have no DOC and will subsequently qualify for a DOC I level. Do the assumptions include children currently receiving DOCs moving to higher levels – for example, those potentially moving from DOC I to DOC II? I would like to be able to include these numbers, but I don't have enough data to break down the types of cases/special needs and current payments and compare this information to the national data.
191	

	A	B	C	D	E	F	G
192	Kevin Koorstra	HFA		HB5228	2/3/2014	2014-0203	KF/ABM/RD
193	Frances Carley	SFA		Hearing Questions - 1/28 and 2/4	2/5/2014	2014-0205	P. Gehm

	H	I
192		
193		

	J
192	Karyn, Amanda, and Ryan, I have had some conversations with Josiah from Republican Policy on House Bill 5228, and he mentioned that this codifies current policy/practice. Is that correct? If so, how is DHS able to receive access to substance use disorder records? Is there an interagency agreement or something else? This bill is on Wednesday's agenda, so a fast turnaround would be appreciated, Kevin
193	Hi Paul, I am forwarding questions from the past two subcommittee hearings. Thanks! SER 1/28 1. How much does it cost annually to do a data match through SSA and other interface matches including LEIN for felons and those who are illegal immigrants? 2. How many SS#s are not valid? How many LEIN matches are made annually? 3. Request for data on "frequent flyers" in the SER program over a five-year period. Include people who use same service more than 5 times in 5 years. Is it 1%, 2%?Include dollar amounts. 4. Do you coordinate energy efficiency programs with MPSC? Should you? Home repairs, etc. should this be part of requirement? 5. Request for copy of the form regarding lead based paint. In what other forms/ways do we need to ask this? 6. look into coordination on lead based paint. Mandate a simple lead test and report it to DCH. How much would test cost? 7. Can we coordinate better with the energy efficiency rebates when SER purchases furnaces and other equipment? Does it make sense or is it not worth the money? 8. Request for MEAP grantees' first report, which is due by end of January. 9. can you send out press release to tell people that if you're struggling with energy assistance, this is who you call for assistance? TANF 2/4 1. how are we doing in TANF goal and how do we measure success? #3 to prevent out-of-wedlock pregnancies – how is this measured 2. over past 20 years, how have we done with TANF? Would like to see what has worked and what hasn't. 3. in general, has number of 2-parent families gone up or down? And also out-of-wedlock pregnancy – rate for teenagers is lower but is higher for age 20-30. Is it the case that Goal #2 and #3 strategies aren't working? This is at the Federal level, not State. Is anyone wondering if this hasn't worked and we need to do something different? Request for Federal reporting. 4. Request for info on 3 scholarships funded with TANF 5. how much has been spent on PCG total, year-by-year? 6. Request FY 10- FY14 spending on FTEs and salary costs in Local Office 7. Identify places in the budget where TANF could be spent and GF saved 8. provide information on all administration spending that counts toward the 15% TANF cap and where it's spent, what it's spent on in FY 13, FY 14 and FY 15 projected Frances

	K	L
192		
193		

	M
192	
193	

	A	B	C	D	E	F	G
194	Kevin Koorstra	HFA		Background on Supplemental Request	2/7/2014	2014-0207	ABM/RD
195	Dan Dundas	House Republican Policy Office		Propane/LIHEAP	2/7/2014	2014-0207-1	KF/ABM/RD

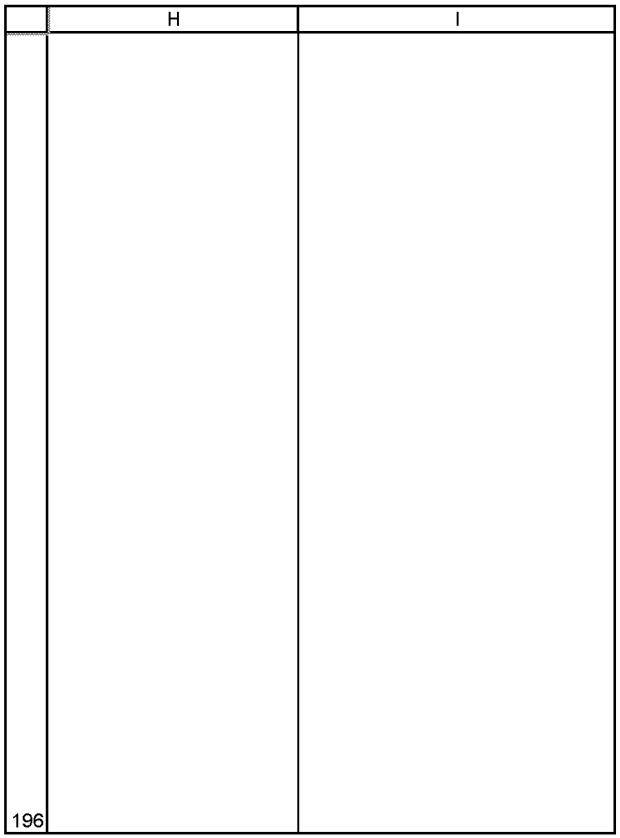
	H	I
194		
195		

	J
194	Amanda and Ryan, Can you provide additional information on this supplemental that was just submitted? In particular are the federal funds regular LIHEAP or some type of emergency LIHEAP allocation? where are the private funds coming from? And how will DHS distribute these new funds? By increasing the annual caps? Or just the deliverable fuel cap? Thanks. Kevin
195	From: Ferrick, Karyn (DHS) [mailto:FerrickK@michigan.gov] Sent: Friday, February 7, 2014 12:33 PM To: Dan Dundas; Peter MacGregor; Mandy Bolter; 'peterfmacgregor@gmail.com' (peterfmacgregor@gmail.com) Cc: Kevin Koorstra; Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Gehm, Paul (DHS) Subject: RE: Propane/LIHEAP The revised spending plan will be shared sooner than the requirement and should be headed your way shortly. I believe Kevin sent a similar request to Amanda and we are working on that response as I type this email. If you have additional questions after receiving a response from Budget Services, please let me know. From: Dan Dundas [mailto:ddundas@house.mi.gov] Sent: Friday, February 07, 2014 12:13 PM To: Ferrick, Karyn (DHS); Peter MacGregor; Mandy Bolter; 'peterfmacgregor@gmail.com' (peterfmacgregor@gmail.com) Cc: Kevin Koorstra; Bright McClanahan, Amanda (DHS) Subject: RE: Propane/LIHEAP Karyn, Very helpful. Thanks! This answers almost all of my questions. As you're likely aware, once SBO approves the spending plan for LIHEAP, per Sec. 655 of the budget, we should receive a copy within 14 days of that approval. Given the timelines I'm hearing on turning around the supplemental, is there any chance we can get the new spending plan sooner? Two questions relating to the Appropriation, which I've cc'd Amanda on: • Where is the "new" LiHEAP funding coming from? Additional contingency from the feds? Carry forward? Just trying to pin this down more accurately. • What are the private dollars coming in for the heating assistance? Just, again, trying to decipher the budget request. Thanks again for the information, Dan From: Ferrick, Karyn (DHS) [mailto:FerrickK@michigan.gov] Sent: Friday, February 7, 2014 12:08 PM To: Peter MacGregor; Mandy Bolter; 'peterfmacgregor@gmail.com' (peterfmacgregor@gmail.com) Cc: Dan Dundas; Kevin Koorstra Subject: Propane/LIHEAP

	K	L
194		
195		

	M
194	2/10/14 Frances Carley Thanks for the program attachments and descriptions. I'm not sure that I'm clear on the logistics of the DTE private funds, however. DTE isn't going to use the Federal settlement to fund their own programs? Will the funding be available for any eligible client, or just DTE clients? I read the description of the MCSC request. Is the literacy program new, or is it already in place? If it's already in place, do you have any reporting or outcomes on the effectiveness of the program? How many tutors and how many students will participate with the new funding? Will it provide a match to draw down more Federal funding? Is the request in FY 15 a continuation of this same literacy program? Frances
195	

	A	B	C	D	E	F	G
196	Kevin Koorstra	HFA		FAP and Caseload Reduction	2/10/2014	2014-0210	ABM/RD/KF/TD

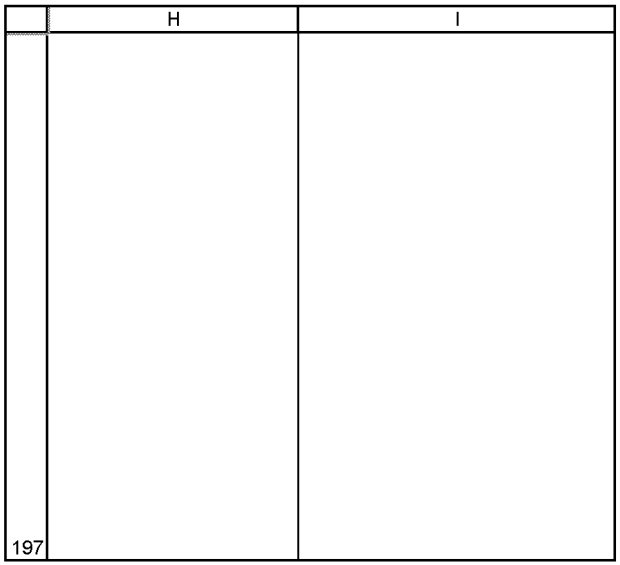

H
I
196

	J
196	Amanda, Our Director is presenting on the Executive Recommendation this Wednesday, and she has asked for some clarification on the FAP caseload projections, to prepare for any potential questions from the Representatives. Is it fair to say that SBO/DHS is projecting that FAP cases will increase from their current levels (from 877,409 to 890,000)? And the cost per case will decrease from the current $245 to $224? If so, is there any information or data you can share that would explain the forecasted caseload increase and cost per case decrease? Also, does the caseload projection address the changes in the Farm Bill? In particular the change in the $1 LIHEAP utility allowance to $20. Thanks, Kevin

	K	L
	Thank you Terry, From your tables it appears that your FAP caseload forecast for FY15 is 849,150, and at the budgeted about of $2,388,475,200 if get a monthly cost per case of $234.40. So I should use those projections in my summary documents rather than the 890,000 @ $224 that appear on SBO's documents, correct? From: Drum, Terry (DHS) [mailto:DrumT@michigan.gov] Sent: Monday, February 10, 2014 11:37 AM To: Kevin Koorstra Cc: Doll, Ryan (DHS); Frances Carley; Horn, Daniel (DTMB); Brown, Marlon (DTMB); Bright McClanahan, Amanda (DHS) Subject: RE: Question on FAP caseload adjustment Kevin, I've attached my original FAP projection worksheet. FIP and SDA caseloads continue to decrease …. which at the margin impact overall FAP households / although clearly most would continue as FAP non-cash household cases. FAP-Only cases continue to drop through FY 2015 (assuming current trends). Those data are verified in the last column of the worksheet FY 2014 (YEAR TO DATE). I've also attached the Division's 1st quarter FAP projection page (by quarterly detail) In summary Kevin, NO … FAP households DECREASE as do benefit amounts! I forwarded 1st quarter projections that DECREASE through the forecast horizon vs. INCREASING as you state. The FY 2013 total monthly average was 909,764. The FY 2014 projection is at 872,600 (average monthly households). While the consensus caseload was 894,751 … the current year-to-date caseload is at a lower average of 885,321 through December, and with a December household total of just 877,409. So NO, FAP Households drop rather than increase … AND as reflected in the Department's Program Descriptions, overall FAP benefit amounts also drop. While FAP benefit amounts differ from program to program (and household circumstances), lower FAP benefit amounts are best described by FAP assistance amounts by family size in FY 2013 vs. amounts in FY 2014 (shown directly below). Please let me know if you have questions Kevin! Thanks - / Terry Family Size FAP amount FY13 FY14 1 200 189 2 367 347 3 526 497 4 668 632 5 793 750 6 952 900	2/10/2014
196	From: Bright McClanahan, Amanda (DHS)	

	M
196	2/10/14 Kevin Koorstra I just go off the phone with Terry and he noticed that there is a typo in the quarterly detail figures. The bolded FY15 caseload number should be 849,150 rather than 858,500 and the non-cash FAP caseload should change to 813,928. From: Drum, Terry (DHS) [mailto:DrumT@michigan.gov] Sent: Monday, February 10, 2014 12:05 PM To: Kevin Koorstra Cc: Doll, Ryan (DHS); Frances Carley; Horn, Daniel (DTMB); Brown, Marlon (DTMB); Bright McClanahan, Amanda (DHS); Madsen, Patricia (DHS); Overbey, Charles (DTMB) Subject: RE: Question on FAP caseload adjustment Importance: High Kevin – In terms of FAP Households, please use the quarterly detail figures and NOT the worksheet. The worksheet simply provides a point in time direction of program activity. By the time the 1st quarter households were prepared and forwarded, the month over month detail differed from the more important and OFFICIAL FAP household projections. Again, please use the quarterly detail. Regarding benefit amounts, I'm asking you to please hold off on making BUDGET ASSUMPTIONS until Pat Madsen can advise you. She's the Budget analyst that can speak to payment levels. In MY view, all projections prepared in Lansing vary and differ from moment to moment, but at some point we firm them up. I did that in the quarterly projections ~ which you should use when considering the Department's current position. I don't think you should be using BUDGET FIGURES based on my work. Households in the quarterly detail YES, Budget / Benefit Amounts …. NO! Please call me if you have questions. Terry 36835

	A	B	C	D	E	F	G
197	Frances Carley	SFA		Supplemental Questions	2/10/2014	2014-0210-1	ABM


H
I
197

	J
197	Amanda, I'm forwarding a few questions on the supplemental requests, both 2014-4 and 2014-5. 1. Do we need to update the boilerplate language for the scholarship program by striking the reference to campus coaches? It has been updated in FY 15. 2. Disability Determination – how many FTEs will be hired in FY 14 with the funding? Can you share background on why this funding is a Federal priority? Is the funding new? Is there a backlog in cases? If so, what is the backlog and for which programs? 3. Adoption Support Services trend – Could you please provide some background on the estimate for the 5% increase? In FY 12, there were 2,538 finalizations, and my notes from the transfer request show 2,150 in FY 13. The program description contains a note that the number of finalizations keeps proportional pace relative to foster care and adoption levels, but both caseloads are declining. 4. How much Federal/other funding will the MCSC leverage for the literacy program? Is the request for $254k in FY 15 a continuation of this request? I'm working on my questions for the FY 15 budget and will forward them by the end of today. Kevin and I are going to try to coordinate our questions and combine them into one email, so hopefully that works out. SAC has not posted a meeting yet, but it is likely that we will be meeting at 2pm for the budgetary overview. How is everyone's availability to meet at the end of the week instead of Wednesday? So far, my Thursday and Friday are both open. Thank you, Frances

	K	L
197	Frances, Please see the information below. Please let me know if you need anything further. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, February 10, 2014 3:17 PM To: Bright McClanahan, Amanda (DHS); Horn, Daniel (DTMB); Brown, Marlon (DTMB); Kevin Koorstra; Doll, Ryan (DHS) Cc: DHS-BudgetServices Subject: Supplemental Questions Amanda, I'm forwarding a few questions on the supplemental requests, both 2014-4 and 2014-5. 1. Do we need to update the boilerplate language for the scholarship program by striking the reference to campus coaches? It has been updated in FY 15. I think the direction regarding 100% of the funding needing to be used for scholarships is clear. However, if the Legislature sees fit to clarify, we would be happy to look at any proposed language. 2. Disability Determination – how many FTEs will be hired in FY 14 with the funding? Can you share background on why this funding is a Federal priority? Is the funding new? Is there a backlog in cases? If so, what is the backlog and for which programs? This is actually a federal initiative to deal solely with federal disability cases pending eligibility determination for federal benefits. The funding is new and will be used to hire approximately 71 new Disability Examiners and 9 clerical support staff as approved by the Social Security Administration per the letter dated 1/24/2014 from the Social Security Regional Office (attached separately). 3. Adoption Support Services trend – Could you please provide some background on the estimate for the 5% increase? In FY 12, there were 2,538 finalizations, and my notes from the transfer request show 2,150 in FY 13. The program description contains a note that the number of finalizations keeps proportional pace relative to foster care and adoption levels, but both caseloads are declining. The Adoption Support Services line item includes base funding totaling $18,604,700 for POS adoptions. FY13 expenditures for POS adoptions totaled $20,755,600; necessitating a legislative transfer. FY13 POS finalized adoptions totaled 2,086; resulting in an average cost per adoption of $9,950. While the total number of adoptions is remaining relatively stable, the cost per finalization has	2/11/2014

	M
197	

	A	B	C	D	E	F	G
198	Frances Carley	SFA		SFA & HFA Questions	2/10/2014	2014-0210-2	ABM
199	Frances Carley	SFA		Adult Foster Care Questions	2/12/2014	2014-0212	ABM

	H	I
198		
199		

	J
	Amanda, Kevin and I have compiled our questions on the Governor's Recommendation for FY 15. They are posted below. We appreciate your help on this and look forward to our meeting later this week. 1. Healthy MI Plan Administration – request for general background information and some specific items: a. Will a private vendor supply the service through a contract? b. Will the call center have an interface with any of the current State IT systems? c. Why is the call center in DHS and not DCH? d. Will the center handle MA applications, or just answer eligibility questions? If the center will just answer questions, is MI 2-1-1 already set up to do this work? e. If the center handles applications, how will the applications be processed? How will the center connect to all other points of entry for eligibility? How will the center gain access to BRIDGES and other databases? What are the coordination plans? f. Are these implementation and set up costs, or are they operational and annualized costs? g. Is this call center different than the Public Assistance Call Center RFI that is currently on Buy4Michigan? h. Does the DHS budget need to be adjusted for the additional DHS eligibility staff within DOC? 2. Request calculations for the $5.0 million CPA administrative rate. 3. Center for Hope background information – program description, projected number of clients served, outcomes 4. Child Support Enforcement IT and legal support – what are the specific issues that each request will address and how? For example, if the problem is arrearages, what are the projected impacts of the program investment? Is there a backlog of legal support cases? What have been the impacts of the increase for 11.0 FTEs that was provided in FY 14? What is an employer portal and information database? Any idea why the increase in IRS "negative offsets"? 5. Mobile Workers a. How does the iPad pilot differ from existing mobile worker tech needs and use? How many iPads? How many do workers currently have? b. Why transfer smartphone charges to IT but not ipad charges? c. What are the DTMB charges for iPads and how do these compare to desktops and laptops? d. Travel – are these costs for gas, mileage, vehicle rental? What is Fed source? e. Are there any reductions in rent or building charges as an offset for the mobile workers model? 6. OIG increase - How many of the OIG FTEs will be dedicated to CSE? Please provide information on the savings that have resulted from the OIG investments over the past 3 years. Is the child support collections activity new? 7. Guardianship Assistance caseload – why has the cost-per-case increased? Could you please send the monthly spending since June? We haven't received this data, but it's usually part of the caseload reports. 8. Request for background on increases for DV and CTF – program descriptions, contracts, projected outcomes, "small specialized programs". 9. Request for background on JJ re-entry -- program descriptions, projected outcomes, federal fund source. 10. AG increase – how many CPS cases has the AG handled each year in the past 4 years? How many are projected in FY 15? Is the increase strictly for Wayne County activity or is CPS representation different? 11. Are the TANF reductions to Families First and Child Protection and Permanency actual contract reductions or lapses? 12. Is the FY15 MCSC increase for the Mi Reading Corps as well? Is this a new program and current program? 13. Adoption Subsidy – are there any offsets for the $3 increase, or are the expenses rolled into the caseload estimates? 14. Child Care Fund – How much in improper claims have been realized? I believe the FY14 budget assumed $11 million. 15. How much of the $1.4 million is estimated Gross savings from a statewide contract has been realized?
198	16. SED lines - Has there been an instance where having separate SED lines have prevented DHS from providing a service?
	Could you please send me any information you have on the monthly fee that guardianship companies charge for the clients in residential AFC? From what I understand, the fee is in addition to charges for actual services. -How much is the fee, and is there a cap? -Do you know who is responsible for paying the fee? Is it the client? -Do all companies charge a fee, or just a select few? Thanks, Frances
199	

	K	L
198		
199		

	M
198	
199	

	A	B	C	D	E	F	G
200	Kevin Koorstra	HFA		DHS Trend Issues	2/18/2014	2014-0218	ABM/RD
201	Frances Carley	SFA		Child Support Incentive Payments	2/21/2014	2014-0221	ABM/RD

	H	I
200		
201		

	J
200	Amanda, How is DHS planning on showing the number of Medicaid cases are eligible through the Healthy Michigan Plan in the monthly trend reports and Green Book? Are you planning in adding a separate column for those cases or are you planning on incorporating the new cases into the current format of your trend report tables? Thanks, Kevin
201	Hi Amanda, I am trying to find some more detailed information about the child support incentive payments. I've attached a report of total incentives received by the state in 2012. Do you have a breakdown of the available incentive payment per performance measure? What is the full amount that the state could qualify for in each category versus how much the state actually received in each category? Thanks, Frances

	K	L
200	From: Drum, Terry (DHS) Sent: Thursday, February 20, 2014 4:21 PM To: Kevin Koorstra Cc: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Coveart, Kevin (DTMB); Noonan, George (DHS) Subject: Healthy Michigan Plan (HMP): Case and Recipient Trend Information and Tracking Hi Kevin, In response to your question, DHS will begin reporting county specific "Healthy Michigan Plan (HMP)" caseload and recipient counts in the April 2014 DHS Trend Report of Key Program Statistics. The April look-back will be published in mid May 2014. Table 30 will specifically house HMP data. As you know, when viewing Trend Tables published on the Department's public website, one can select Table 30, which then displays a drop down menu of Table 30 data for each county. Please let me know if you have questions. Note: I would like to take a moment to thank George Noonan (DAIMU Supervisor), and Kevin Covert (DTMB Data Management Unit) for their work in gearing up department reports of record to report the new MHP data set. Best, Terry 36835 From: Noonan, George (DHS) Sent: Thursday, February 20, 2014 1:51 PM To: Drum, Terry (DHS); DHS-BudgetServices; Doll, Ryan (DHS) Cc: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Coveart, Kevin (DTMB) Subject: RE: Budget Services Tracking Log: 2014-0218 ---- DHS Trend Report question Importance: High All: I'm not sure I can elaborate on what Terry has noted. The current table 30 entitled "Adult Medical Program (AMP): Case and Recipient Trend Information, Fiscal Years 2012, 2013 and 2014" will be re-titled "Healthy	2/20/2014
201	Hi Frances, Here is our best attempt at quantifying an optimal performance in the child support incentive factors. Please understand there are so many moving parts in these formulas that it can be difficult to make these estimates. I would suggest using these as advisory only. Thank you and please let me know if you have any questions. Amanda	3/18/2014

	M
200	
201	File saved in S drive

	A	B	C	D	E	F	G
202	Frances Carley	SFA		Follow up questions from our meeting Thursday plus one question on Supplemental	2/24/2014	2014-0224	ABM
203	Kevin Koorstra	HFA		Follow up questions from our meeting Thursday plus one question on Supplemental	3/6/2014	2014-0224-1	ABM/RD

	H	I
202		
203		

	J
202	Amanda and Ryan, Thanks again for meeting with us on Thursday. It was very helpful. I have a couple clarification questions: One-time child support funding: Is the $211,000 in one-time funding for legal support contracts related to how much the feds ask for in fees or the IRS negative offset? Do you want the $3.0 million for child support IT in a one-time child support enforcement line (as the Exec Rec has it) or in a one-time child support automation line? BCAL CCDF IDG adjustment: If you are planning on appropriating SSBG and not TANF to offset the IDG reduction, shouldn't we just transfer federal revenue from 62610 and 12080 rather than TANF? Or would the Exec Rec then be a TANF shortfall? Although, I might argue that the Exec Rec currently has a SSBG shortfall… MI Reading Corps: I'm still not clear on what the GF/GP will be used for. From my general knowledge on MCSC grants, the grantee has to provide the federal Americorps matching funds, and the GF/GP is used for MCSC administrative activities. Is that correct? If so, is the Hope Network providing the matching funds for the federal Americorps grant? And the $350,000 in GF/GP would then supplement the federal and private funds? Thanks, Kevin
203	Amanda and Ryan, I am following up on these FY15 questions plus the pending information from our meeting on the 20th. The questions from the 20th that I highlighted are: 1) Number of Wayne County child abuse and neglect cases AG handled on an annual basis over past 4 years. 2) New medical test and collection unit costs and a comparison to old costs. 3) Breakout of the Performance Based funding line item. 4) How the Deficit Reduction Act impacts Child Support Collections. Additionally, would you be willing to share your Business Objects script that you used to generate the Sec. 298 supervisor ratio report? I also talked with my DCH colleagues and they said that the Medicaid mental health services line that is partially supported from the DHS SED nonwaiver line is part of caseload consensus. The DCH SED waiver line is not a part of caseload consensus.

	K	L
202	3/18/14 I have the 2013 amount attached for you. Unfortunately, it is not as easy as seeing them by line item because the bulk of the costs are actually attributable to cost allocation. I spoke with our TANF specialist, who just returned from vacation, and she does not do that breakdown either. If the file requests a password, please use TANF13. For cost allocation purposes, however, TANF admin is largely spent in the big salary and wage and payroll taxes and fringe benefits line items (62610, 12080,74600,74610). Thanks! Amanda ======= 3/14/14 Child support information: I think the label is probably confusing some of this. When the DRA was enacted, the federal government opted to forego a portion of its share of retained child support collections (acting like a disregard in effect.) So the adjustment had been reflected separately for that reason. By now the policy has been well-established. It has historically not been included in the Executive Recommendation separately; rather a single adjustment for FMAP overall has been included only. I apologize for the confusion in that regard. I have also attached 2012 Wayne County AG data as well. We are still working with the AG to get 2010 and 2011 data. Thanks! Amanda ========= Hi Kevin, See responses below. From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Monday, February 24, 2014 9:45 AM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Frances Carley Subject: Follow up questions from our meeting Thursday plus one question on Supplemental	3/10/2014
203		

	M
	3/11/12 Kevin Koorstra Thanks. That report did work and is quite useful. -------- 3/10/24 Kevin, Frances, Please see information below and attached. More to come. I hope this gets to you – my email has been crashing for the last several hours every time I push send with an attachment. Thank you, Amanda From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Thursday, March 06, 2014 2:22 PM To: DHS-BudgetServices; Frances Carley Cc: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: RE: Legislative Tracking Log#2014-0224--- Follow up questions from our meeting Thursday plus one question on Supplemental Amanda and Ryan, I am following up on these FY15 questions plus the pending information from our meeting on the 20th. The questions from the 20th that I highlighted are: 1) Number of Wayne County child abuse and neglect cases AG handled on an annual basis over past 4 years. Attached for 2013; prior years still outstanding. 2) New medical test and collection unit costs and a comparison to old costs. Contract for current year attached. This is currently a pilot, with the expectation that it will be rolled out statewide in future years. Prior year costs assumed approximately $60.70 per case, depending on the level of testing required. 3) Breakout of the Performance Based funding line item Project Management Team - $500,000 Gross
202	This independent team will establish a clear implementation plan and project timeline, consulting with all necessary stakeholders, and work to craft the required RFI
203	

	A	B	C	D	E	F	G
204	Alisha Cottrell	Senator Caswell		MSPC	2/26/2014	2014-0226	ABM
205	Frances Carley	SFA		Task Force	2/27/2014	2014-0227	ABM/RD

	H	I
204		
205		

	J
204	From: Alisha Cottrell [mailto:ACottrell@senate.michigan.gov] Sent: Wednesday, February 26, 2014 10:06 AM To: Bright McClanahan, Amanda (DHS) Cc: Ferrick, Karyn (DHS) Subject: RE: MSPC Hi Ladies, I wanted to circle back on this as well. Is there any information you can send on this. I am assuming you look at fund for next year as well. Senator Caswell asked me about this program yesterday. Thank you for your time, have a great day! Alisha Alisha Cottrell Office of Senator Bruce Caswell Phone: (517) 373-0557 Email: ACottrell@senate.michigan.gov From: Alisha Cottrell Sent: Thursday, February 20, 2014 4:59 PM To: Amanda Bright McClanahan (brighta@michigan.gov) Cc: Ferrick, Karyn (DHS) (FerrickK@michigan.gov) Subject: MSPC Good Afternoon, I hope you are enjoying the beautiful weather! J At any rate, would you like to further discuss the $350,000 from this morning. I would like further information if at all possible and I spoke to Senator Caswell about it this afternoon. Give me a call when you have a few minutes or I would be more than happy to come over and visit. Thanks for pointing this out. Alisha
205	Hi Amanda, Could you please confirm whether the Task Force on the Prevention of Sexual Abuse of Children has incurred any expenses in FY14? Sec. 590 provided $30k for the program, but I can't find anything in the CW CSSM line (or travel line) that would be linked to the task force. If the task force has not incurred any expenses yet, what are the projected expenditures for the remainder of the year and what are the categories of spending? Thank you, Frances

	K	L
204	Hi Alisha, I apologize for the delay – the program area was working to gather additional information. Who is the Program Serving and Where Is It Located In the 2013-14 year, the Michigan Reading Corps program has 31 AmeriCorps members serving as Michigan Reading Corps tutors in 17 schools in 7 communities. The communities include Kalkaska Detroit Grand Rapids Wyoming Muskegon Lansing Jackson • The 2014-15 Michigan's AmeriCorps program will enroll 50 AmeriCorps members, and they are looking at expanding the program into Flint and other communities. • Members are serving only the K-3 population. For the 2014-15 school year, 1,500 kids will be served in this program. Each member will tutor 25-30 children during the course of the school year. What Services Are Provided • The literacy model is research and evidenced based and targeted specifically at getting children to read at grade level by third grade. • Nationally, only 34 percent of fourth graders read at a proficient grade level. Yet we know that reading by third grade is the gateway to all other learning. This is the pivotal point when children make the transition from "learning to read" to "reading to learn. • Research shows that children who do not have basic reading skills by the third grade struggle to catch up in the future years. In fact, 74 percent of children who read poorly in the third grade continue to read poorly in high school, contributing to the increasing drop-out rate. • Individuals with poor reading skills are more likely to be on welfare, unemployed or underemployed, and more likely to be involved in crime and/or substance abuse. • Michigan Reading Corps has identified its program participants children that have the capacity to learn to read at grade level but experience more prolonged, intense, and often permanent literacy struggles and would benefit from timely and effective data-driven interventions. • Over the course of the school year, program participants receive 20 minutes of one-on-one literacy tutoring five days per week. • Reading Corps members work to isolate a child's specific skill challenges and tailor their tutoring to effectively build the literacy skills needed by each child. • They provide ongoing support until the child acquires key literacy skills that place him or her on track to achieve proficiency by grade 3, at which time the student will be "exited" from the program.	3/4/2014
205		

	M
204	
205	

	A	B	C	D	E	F	G
206	Frances Carley	SFA		$1 LIHEAP	3/3/2014	2014-0303	ABM
207	Dan Dundas	House Republican Policy Office		Budget Questions	3/5/2014	2014-0305	ABM

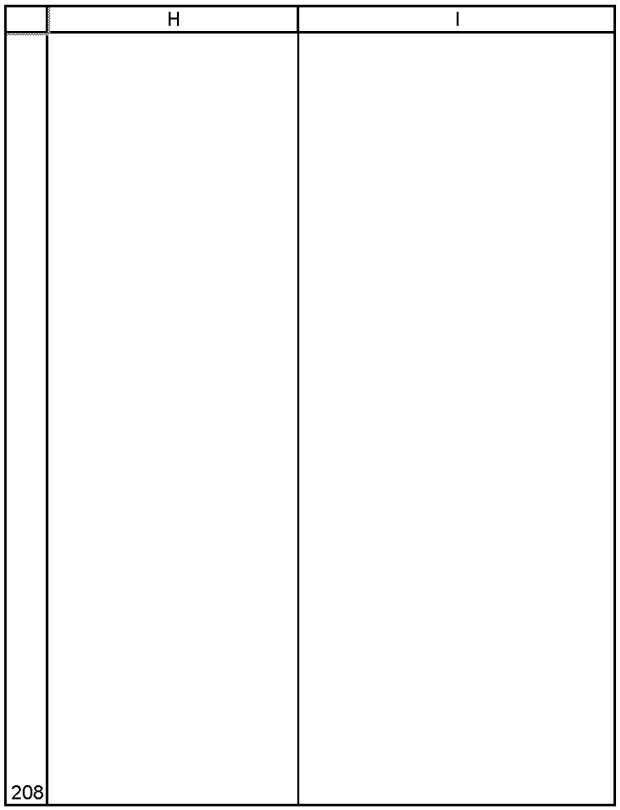
	H	I
206		
207		

	J
206	Amanda, From my understanding of the recent Farm Bill changes, the State will have to increase the $1 LIHEAP investment for increased food assistance to $20. My reading of the situation is that $8.8M rather than $440k would have to be invested in the program in order to maintain current level of services. • If this is correct, has DHS decided on a policy to deal with the change? • When do the changes go into effect? • Could you give me the number served by the program annually since 2011? • Is the average FAP increase about $88 a month for people who could not claim the standard utility allowance without the LIHEAP? Thanks, Frances
207	Sorry, should have included the questions… Part 1 • Donated Funds Positions o What happens to the DHS staff when the private funding is gone? o Is there a formal approval process to acquire a staffer? o What conditions does DHS place on the requesting entity? o Is there a wait list for these positions? How many are in the queue? Why? • Asset Test Increase o Why is there na increase for the testing? o What has changed between current fiscal year and FY15? o What improvements are we likely to see from the cost increase? • JJ Re-Entry Program o Can you tell us more how this is supposed to work? o Is this for state wards or kids? • TALX Verification o Why is the line doubled? o Is this a competitively bid item? Why or why not? • Ipad Pilot o Where are you deploying this? o What models are they? Wi-fi/lte enabled, etc. o What is the cost comparison between these and computers? o What are the anticipated savings long-term? • LIHEAP $1 Program o Has the department reviewed the Farm Bill increase for Food Assistance from $1 to $20? What is DHS's opinion? • Domestic Violence/Community Service Commission/Children's Trust Fund Increases o What is the purpose of each of these increases? o What cost-savings measures have been attempted prior to asking for increases? • FTE Reduction (Also Boilerplate §. 275) o The intent of the boilerplate and the agreement was to reduce FTE's to achieve $3.5 million in savings.

	K	L
206		
207	Dan, Please find responses to your questions below. Pre-service training enrollment data is included as an attachment. Part 1 • Donated Funds Positions • What happens to the DHS staff when the private funding is gone? Positions are evaluated through the course of the contract to ensure sufficient funding is received to support them. • Is there a formal approval process to acquire a staffer? A formal process has been established for private entities to request a donated funds position through Field Operations Administration or through the department's contract administration area. • What conditions does DHS place on the requesting entity? A contract is entered into between the department and the private entity to fund the position. The contract includes the requirement that funding be received within a set time period after billing, and that the contract is subject to sufficient revenue being received and an appropriation being available to support the position. • Is there a wait list for these positions? How many are in the queue? Why? There are currently 27 pending requests from entities seeking a position as soon as one becomes available. There is an ongoing wait list based on available funding authorization in the DHS appropriation. • Asset Test Increase • Why is there an increase for the testing? Asset tests are currently performed manually for all public assistance programs. This is a laborious process for workers and slows down the eligibility determination process. The department is establishing an automated asset test process for SER programs in 2014. However, to expand this automated process to all public assistance programs, additional funding was requested and included in the Executive Recommendation. With this expansion, the department will be able to reduce its processing time for applications, reduce the likelihood of errors, and reduce the burden on field staff in manually gathering this information. • What has changed between current fiscal year and FY15? With the automation of asset verification, the department is charged per asset verification. In expanding asset testing to all public assistance programs, there is an increase in the number of verifications. • What improvements are we likely to see from the cost increase? Expanded asset testing is expected to achieve improved front end eligibility and program integrity by way of more complete validation of assets by financial institutions, reducing the likelihood of error in eligibility determination and the potential of fraudulent information being supplied to workers by clients. • JJ Re-Entry Program • Can you tell us more how this is supposed to work? The program would serve any youth age 16 or older that is under the care and supervision of the department for delinquency or in a department operated facility. Six months prior to the planned release date, the youth would be referred to Michigan Rehabilitation Services and be assigned a Community Navigator. The navigation will provide the youth with Skills to Pay the Bills Curriculum and a vocational assessment. These services would be used to determine the need for additional services necessary to achieve the vocational goals and eliminate any barriers that may exist (such as mental health or disability-related concerns, housing, etc.). The Community Navigator would provide direct services to the youth after they are released into the community as well.	3/19/2014

	M
206	
207	

	A	B	C	D	E	F	G
208	Frances Carley	SFA		Hearing Questions	3/6/2014	2014-0306	ABM/RD/PG/KF


H
I
208

	J
208	Hi Paul, I'm forwarding the Senators' questions from the last three hearings. Budget Presentation – 2/12 • Regarding OIG agent increase and fraud prevention efforts – what can we expect in terms of savings and improvements as a result of the 20.0 FTEs? Medicaid – 2/18 • if someone applies, and the state sends MAGI to Feds and the Feds don't get back to you. What happens to her? Does this person get enrolled automatically? Or do they just hover without an answer? I've heard that they automatically default and are enrolled in Medicaid. • Request for a copy of the MA application • Number of staff the Healthy MI Call Center contract will support (and/or projected number of staff who will take calls at the call center) • How much of the $17M and $20M for the call center allocated for one-time costs? What are the projected ongoing costs? MRT – 2/25 • What is the current deferral rate? • Regarding reapplications for disability, what is an appropriate amount of applications for one year? How do we redirect them to other services? Request for ideas to make sure they are redirected to other assistance services. • What will it cost us annually to use the Federal determination system? Thanks for your help on this! Frances

	K	L
208		

	M
208	

	A	B	C	D	E	F	G
209	Frances Carley	SFA		Follow Up Questions Re: Governor's Recommendations	3/6/2014	2014-0306-1	ABM/RD/KF

	H	I
209		

	J
	Hi Amanda, I have just a few questions that are still outstanding. 1. Request for feedback/data on Adoption DOC analysis 2. 5-year history: -Amount of WAP block grant funding received by the State (I have actual spending, but not the full grant amounts with adjustments) -Amount of CSBG funding that was spent on weatherization -Number of homes weatherized annually 3. TANF administration spending by line Thank you, Frances ========== Hi Amanda, I'm forwarding some questions regarding the Governor's Rec, as well as a few others that are outstanding from previous requests. I'd like to give you heads up on my timeline. Senator Caswell is planning to report the budget on March 18th, which means that I will need to have all of my changes to LSB by next Friday. If DHS has any particular concerns and/or issues that you'd like to highlight regarding the following requests, please forward your responses as soon as possible. Otherwise Senator Caswell has indicated that he will make his decisions based on the information that is currently on hand. 1. Request for RFI and RFP for the Healthy MI call center a. How much of the $17M and $20M is one-time? What are the ongoing costs? How many staff will be employed at the call center? 2. Request for performance based contracting spreadsheet and budget detail. Also, is there any funding for Kent County to get the model off the ground? 3. Did MiCAFE receive the full $175k appropriation in FY 13? Did the $75k come out of the FAP line? I couldn't find it. 4. Please provide more information about the CTF, DV and MCSC increases and why they are needed. Also, the adjustments are all GF – can DHS draw down Federal funding for this purpose? This question came about because the GF request is high in proportion to the existing GF in the lines. For example, the MCSC GF increase is about 35% of the current GF allocation, there is no GF in the CTF admin line and the DV increase is about 67% of the current GF funding. 5. Regarding MRS – what is the maximum amount of Federal funding the state could qualify for and how much GF (local/private) would be required as match? Is the
209	

	K	L
	Hi Frances, Additional information for your needs. More to come. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, March 17, 2014 3:00 PM To: DHS-BudgetServices; Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Alisha Cottrell Subject: RE: Legislative Tracking Log# 2014-0306-1: Follow up questions on Governor's Recommendation Hi Amanda, I have just a few questions that are still outstanding. 1. Request for feedback/data on Adoption DOC analysis 2. 5-year history: -Amount of WAP block grant funding received by the State (I have actual spending, but not the full grant amounts with adjustments) -Amount of CSBG funding that was spent on weatherization -Number of homes weatherized annually DOE Funding: 2013 (in progress 7/1/13 – 6/30/14): $11,913,125.00 Units Weatherized to date: 231 units. Planned: 1,618 2012 (in progress due to change in grant dates 4/1/13-6/30/14): $3,997,503.00 Units Weatherized: 1,485 2011 (4/1/10-3/30/11): $11,522,133.00 Units Weatherized: 1,252	
209	2010 (4/1/09 – 3/30/10): $11,910,904.00	

	M
209	

	A	B	C	D	E	F	G
210	Frances Carley	SFA		Parent Child Visitation Hearing	3/10/2014	2014-0310	Paul Gehm
211	Kevin Koorstra	HFA		Sec 502	3/17/2014	2014-0317	ABM
212	Kevin Koorstra	HFA		FIP cases participating at PATH	3/18/2014	2014-0318	ABM/RD/D. Sweeney

	H	I
210		
211		
212		

	J
210	Frances and Alisha, Below is our response for the Parent-Child Visitation Hearing. Thank you for your patience on this response. I've also attached our policy referenced in question 5. Paul M. Gehm, Esq. Departmental Analyst MI Department of Human Services Legislative Services 517-242-6304 gehmp@michigan.gov 1. Question: page 3 of report – how is DHS evaluating workers to see if parents are meeting visitation requirements. Are we improving? What are specific county statistics to show we are meeting requirements? Answer: The department utilizes many approaches to evaluate parent/child visitation requirements. • A data report was created to assist supervisors in monitoring compliance with parent/child visit expectations. • DCQI reviews a sampling of cases to determine if concerted efforts were made to ensure that visitation between the parent and child were of sufficient frequency to promote the continuity of the relationship. Concerted efforts were identified in 97% of the cases that pertaining to mothers and in 87% of cases pertaining to fathers (56 cases reviewed, Jan – June 2013, MSA 4). • BSC management is a primary strategy, including the use of a monthly unified monitoring tool – making it easier for directors to quickly and frequently see performance. • The department relies on supervisory oversight at the local level. • SACWIS will improve our data collection and reporting, and we have begun to see an improving trend over time. From December 2011 to June 2013 we have seen a 19% improvement in mother-child visits and a 13% improvement in father-child visits. 2. Question: Please provide a copy of the assessment criteria for visitations and the clear performance objectives. Answer: Factors used to assess a "successful visit" are family and case specific. The caseworker and family review these expectations and determine progress based upon that assessment. Specifically, a visit plan must be created for each child in out of home care that meets his/her developmental and attachment needs and allows for frequent contact between the child and the members of his or her family. In collaboration with the family, the caseworker develops the visit and documents the following in the parent agency treatment plan agreement: • Visit plan for all parents/caretakers and non-parent adults, if applicable. • Caseworker activities the department/agency will do to facilitate visitation.
211	Does the new MCL 712B.31 provide DHS with the legal base to reimburse tribal governments for child welfare services, or is Sec. 502 still needed as the legal base for reimbursement?
212	Amanda, Does DHS have historic monthly data on the number of cases DHS refers to Michigan Works? I think I was able to come up with an estimate by taking the monthly FIP caseload data and merging it with the monthy data in the Sec. 677 reports. Also, some of the links to the FY 2011 annual report data link on the DHS website are actually FY 2012 data. Attached is what I have come up with. If you could share actual data within the next 24 hours, that would be greatly appreciated. (sorry for the rush) Kevin

	K	L
210	Frances and Alisha, Below is our response for the Parent-Child Visitation Hearing. Thank you for your patience on this response. I've also attached our policy referenced in question 5. Paul M. Gehm, Esq. Departmental Analyst MI Department of Human Services Legislative Services 517-242-6304 gehmp@michigan.gov 1. Question: page 3 of report – how is DHS evaluating workers to see if parents are meeting visitation requirements. Are we improving? What are specific county statistics to show we are meeting requirements? Answer: The department utilizes many approaches to evaluate parent/child visitation requirements. • A data report was created to assist supervisors in monitoring compliance with parent/child visit expectations. • DCQI reviews a sampling of cases to determine if concerted efforts were made to ensure that visitation between the parent and child were of sufficient frequency to promote the continuity of the relationship. Concerted efforts were identified in 97% of the cases that pertaining to mothers and in 87% of cases pertaining to fathers (56 cases reviewed, Jan – June 2013, MSA 4). • BSC management is a primary strategy, including the use of a monthly unified monitoring tool – making it easier for directors to quickly and frequently see performance. • The department relies on supervisory oversight at the local level. • SACWIS will improve our data collection and reporting, and we have begun to see an improving trend over time. From December 2011 to June 2013 we have seen a 19% improvement in mother-child visits and a 13% improvement in father-child visits. 2. Question: Please provide a copy of the assessment criteria for visitations and the clear performance objectives. Answer: Factors used to assess a "successful visit" are family and case specific. The caseworker and family review these expectations and determine progress based upon that assessment. Specifically, a visit plan must be created for each child in out of home care that meets his/her developmental and attachment needs and allows for frequent contact between the child and the members of his or her family. In collaboration with the family, the caseworker develops the visit and documents the following in the parent agency treatment plan agreement: • Visit plan for all parents/caretakers and non-parent adults, if applicable. • Caseworker activities the department/agency will do to facilitate visitation.	3/10/2014
211		
212		

	M
210	
211	
212	Amanda I think we can get this directly from WDA. I have sent a request for the information. I also explained the need to have it quickly. Dawn Sent using OWA for iPhone _____ === Sent to Dawn Sweeney03/25/201: Can I please ask for your assistance as soon as possible with this inquiry? Thank you, Amanda

	A	B	C	D	E	F	G
213	Frances Carley	SFA		SSI State supplement payment rates	3/26/2014	2014-0326	ABM/RD/Michelle Best
214	Kevin Koorstra	HFA		Disability Backlog	3/27/2014	2014-0327	ABM/RD

	H	I
213		
214		

	J
213	Amanda, Could you please clarify whether the Personal Care Facilities in the SSI supplement are the Adult Foster Care homes? Would any other facility listed in the table below count as Adult Foster Care? Additionally, a year or two ago, I received from the Federal SSA office a list of the minimum SSI payments that the state is required to pay for each residential facility (if we use the "payments" method). [for reference: The rules at 20 CFR 416.2096 explain that a State can comply with the passalong requirements by either maintaining minimum State supplementary payment levels ("payment levels") or using the total 12-month expenditures for supplementary payments method ("total expenditures")]. I copied the table from SSA below for reference. Are the minimum payments listed in the table correct? I'm asking because the caseload data show different averages for a few of the categories: • Domiciliary Care: $81.15 • Personal care facility: $143.42 • Home for the aged: $154.99 Has the department decided not to use the payments method and go with the total expenditures instead? Minimum State Supplementary Payment Levels Michigan elected to comply with the passalong requirements through the payment levels method in calendar year (CY) 1997. Michigan will remain in compliance with passalong if the amount of state supplement paid in each category is at least equal to the minimum amounts required (i.e. the amounts in the chart below.). State of Michigan – Minimum SSI State supplement rates Individual Couple Living independently 14.00 21.00 Living in the household of another 9.33 13.96 Domiciliary care 87.00 321.40 Personal care facility 157.50 462.40
214	Amanda and Karyn, During the Director's budget presentation she noted that the disability backlog of 3,600 cases was eliminated though the LEAN process review. I received a request for more information on how that backlog was resolved. In particular, has the approval and denial rates changed at all (e.g. more cases are being approved now than in prior years)? Also, by how much has the standard of promptness declined? Thanks. Kevin

	K	L
213		unknown
214		unknown

	M
213	3/26/14 to Michelle Best: Can I ask for some assistance with this request? Thank you, Amanda
214	

	A	B	C	D	E	F	G
215	Frances Carley	SFA		$1 LIHEAP program	3/31/2014	2014-0331	ABM/RD/KF/P. Gehm
216	Frances Carley	SFA		Additional Senate Budget Questions	4/4/2014	2014-0404	ABM

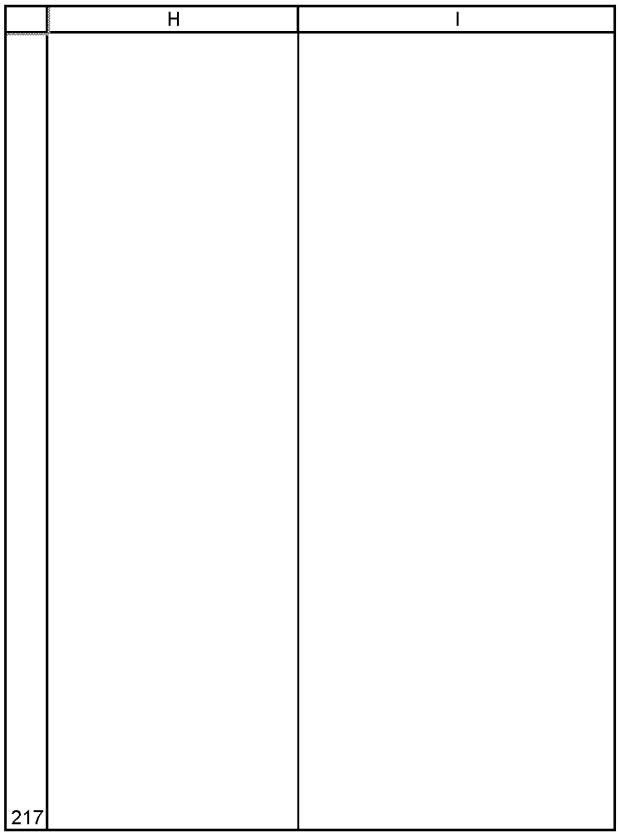
	H	I
215		
216		

	J
215	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Monday, March 31, 2014 2:42 PM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Gehm, Paul (DHS) Subject: $1 LIHEAP program Hi Amanda and Karyn, I'm working on an estimate for the impact of the discontinued $1 LIHEAP/SNAP program. This is my understanding of the situation so far. Based on the previous FY 14 LIHEAP spending plan, the program was to receive $440k for 440k payments of $1. Each $1 payment would draw down an additional $88 in SNAP for one month per case. In order to continue the program at the same level under the current Farm Bill, the State would have to contribute $20 per month per case for a total of $8.8 million. This increase would result in a direct decrease in the amount of energy assistance funding that is available. The total reduction in food assistance funding will be approximately $38.7 million. I don't have data on the number of cases that will be impacted. Do you have an estimate? If your numbers are different than what I have written above, or if you have more information to add to the context, could you please forward it to me? Thank you! Frances
216	Hi Amanda, I have just a few remaining questions about the budget, some of which are related to the House changes. 1. Thanks for the updates on the supplemental. Have all of the funds described below been distributed yet? If not, could you please provide the status of the funds? $22.9 million in additional LIHEAP federal funding (sec. 405) and $4 million general fund for propane assistance (sec. 406) Implementation Progress: Allocations by CAA have been determined and CAA Executive Directors were notified of the funding availability and eligibility guidelines on March 18, 2014 (letter attached). All 29 contract amendments for the LIHEAP-funded deliverable fuels funding have been prepared and sent to the Chief Deputy for DHS signature. Amendments are being worked on for the GF-funded propane assistance, with the goal of having the funds distributed by April 1. 2. Is DHS able to provide an estimate on the impact of the Maxey closure? I have heard that the estimated savings is about $3 million GF/GP, but I don't have the calculations for this number. 3. Are there any restrictions on the Federal funding for MiCAFE that would prohibit MiCAFE from using these funds to provide any of the services that are described in their state contract? 4. IRS Offset: I do have the FY 13 numbers, which you provided during our meeting on the Governor's Rec. "In FY 13, the State received $83.9M total from the IRS in child support interceptions and the IRS took back $5.69M from the state." Could you please also provide the amount that the IRS claimed from the State in FY 11 and FY 12? Thanks, Frances

	K	L
215	Hi Frances, We have requested a data pull to get a better handle on this issue ourselves. It required Deloitte as it was specialized. We are working with them to ensure we have accurate numbers and understand their context – the program area is currently working with our folks here in Budget to understand what is available for calculation purposes. Thanks, Amanda	unknown
216		unknown

	M
215	
216	

	A	B	C	D	E	F	G
217	Frances Carley	SFA		Technical questions - Senate	4/10/2014	2014-0410	ABM/RD

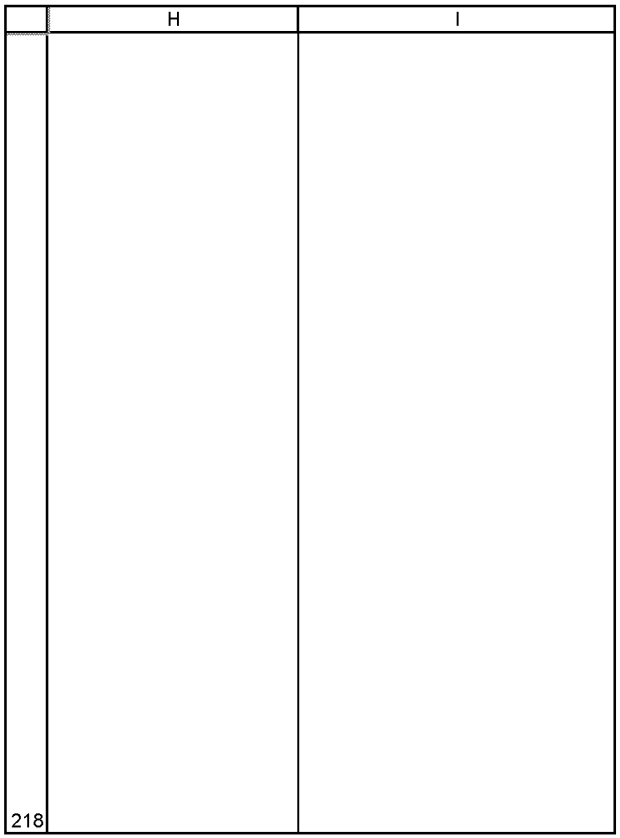

H
I
217

	J
217	Hi Amanda, I have a couple of questions for you that pertain to the Senate budget, as well as a question about current year spending trends. 1. Regarding the new Senate Sec. 750, would the language preclude any private organizations that do not receive Federal funding directly from participating in the Donated Funds Positions program? Sec. 750. From the funds appropriated in part 1 for donated funds positions, the department shall enter into a contract with any agency that places a request for a donated funds position, is able to provide the required matching funds for Federal funding, and is eligible to receive the Federal matching funds as determined by Federal statute and regulations. The department may require any agency that requests these funds to achieve performance objectives that measure effective and efficient enrollment of eligible individuals for Medicaid and other public assistance programs that are operated by this department. 2. Regarding medical passports and school records, are caseworkers at all responsible for transferring school records? Or does this responsibility rest exclusively with the school districts? 3. Payroll Taxes line item: it looks like the Payroll Taxes line might be short by the end of the current fiscal year. Do you have a similar projection? If so, by how much? Do you know which fund sources would be affected? Do you expect that any other lines will be affected by OPEB (or will need supplemental adjustments for other reasons)? Thank you, Frances

	K	L
217	Hi Frances, Responses included below. Thanks! Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Thursday, April 10, 2014 3:17 PM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Alisha Cottrell; Doll, Ryan (DHS) Subject: Technical questions - Senate Hi Amanda, I have a couple of questions for you that pertain to the Senate budget, as well as a question about current year spending trends. 1. Regarding the new Senate Sec. 750, would the language preclude any private organizations that do not receive Federal funding directly from participating in the Donated Funds Positions program? The donated funds program actually requires the entity to provide private and local revenue to the department. We, in turn, use those funds to match federal funds. The entities do not actually receive federal funds. The language would have to be redrafted to remove that piece to be consistent with current practice. I think with that change, the issue would be rectified. Sec. 750. From the funds appropriated in part 1 for donated funds positions, the department shall enter into a contract with any agency that places a request for a donated funds position, is able to provide the required matching funds for Federal funding, and is eligible to receive the Federal matching funds as determined by Federal statute and regulations. The department may require any agency that requests these funds to achieve performance objectives that measure effective and efficient enrollment of eligible individuals for Medicaid and other public assistance programs that are operated by this department. 2. Regarding medical passports and school records, are caseworkers at all responsible for transferring school records? Or does this responsibility rest exclusively with the school districts? Caseworkers are not responsible. It is an issue between the schools sending and receiving the child. 3. Payroll Taxes line item: it looks like the Payroll Taxes line might be short by the end of the current fiscal year. Do you have a similar projection? If so, by how much? Do you know which fund sources would be affected? Do you expect that any other lines will be affected by OPEB (or will need supplemental adjustments for other reasons)? We are updating our projections right now. I will get back to you with more information.	4/14/2014

	M
217	

	A	B	C	D	E	F	G
218	Benjamin Gielczyk	HFA		Maxey Facility	4/10/2014	2014-0410-1	ABM/RD Marlon Brown Daniel Horn


H
I
218

	J
218	From: Benjamin Gielczyk [mailto:bgielczyk@house.mi.gov] Sent: Monday, March 10, 2014 11:39 AM To: Roberts, Deborah (Treasury) Subject: Maxey Facility Deb- I was hoping you could tell me how much we owe outstanding on the project we did with on the Maxey Facility (DHS) in Whitmore Lake years back? I know that we bundle projects when bonding, but I was hoping you could provide me with an individual amount outstanding on that project. Any information you could provide would be great. Additionally, what was the original borrowing on that project if you have it? Thank you! Ben HFA

	K	L
218	Thanks. From: Horn, Daniel (DTMB) [mailto:HornD6@michigan.gov] Sent: Thursday, April 17, 2014 8:32 AM To: Kevin Koorstra Cc: Brown, Marlon (DTMB); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: FW: Maxey Facility Kevin, Below is communication we received between Ben Gielczyk and Deb Roberts on the debt service issue. I'm not sure if you already talked with Ben or not. I don't think we have any new information at this time outside of what Deb shared. --Dan From: Shoemaker, Lisa (DTMB) Sent: Tuesday, April 08, 2014 10:54 AM To: Overbey, Charles (DTMB); Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: FW: Maxey Facility FYI. SBA has been getting questions from SFA & HFA on the cost implications from the State Building Authority perspective of closing Maxey. From: Roberts, Deborah (Treasury) Sent: Monday, April 07, 2014 8:26 PM To: Shoemaker, Lisa (DTMB) Subject: Fwd: Maxey Facility From: "Roberts, Deborah (Treasury)" <robertsd1@michigan.gov> Date: March 10, 2014 at 12:58:29 PM EDT To: Benjamin Gielczyk <bgielczyk@house.mi.gov> Subject: RE: Maxey Facility Since we do pooled issues the outstanding bonds don't directly relate to the underlying leases. We would have to engage an underwriter and tax counsel to do an analysis. Looking at the big picture we would have to do a special redemption and defease the bonds. Defeasing is essentially putting into escrow the amount needed	4/18/2014

	M
218	

	A	B	C	D	E	F	G
219	Amanda Bright McClanahan	Amanda Bright McClanahan		Questions on the House 2015 Recommendation	4/15/2014	2014-0415	Kevin Koorstra

	H	I
219		

	J
219	Kevin, We have compiled a list of questions we have about the 2015 House Recommendation that I was hoping you could help address. These are the department's questions (including those from program areas and my team). SBO may have additional questions outside of these items. Boilerplate Questions: Sec. 205: Is this language being included in any other budgets? What is the rationale for including it at this time? Sec. 232: Is this language being included in any other budgets? What is the rationale for including it at this time? Sec. 410: What is the underlying rationale for the changes prescribed in this section? Is there a particular issue of concern? Sec. 501: Can you explain how the 25% level was chosen to revise this section? Sec. 613: Can you help with the underlying rationale for the changes in indigent burial? Sec. 626: Can you help with the underlying rationale for this request? Is reporting on Medicaid non-emergency transportation costs also included in the DCH budget? Part 1: 1. Could you share your calculations for the residential rate increase? 2. Could you share your calculations for the Maxey closure? 3. Could you share the rationale and calculations for the SACWIS implementation funding for private providers? 4. Could you share the rationale and calculations for the Kent County funding? 5. Could you share the rationale behind the $1 million Parent to Parent item? (Is it intended to provide statewide coverage)? Thank you for your help Kevin. Amanda

	K	L
219	Answers below. Some of my answers have to be vague to protect confidentiality. Also, feel free to send me any comments or suggestions on the House budget that you are willing to provide prior to Conference. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, April 14, 2014 4:52 PM To: Kevin Koorstra Cc: Doll, Ryan (DHS) Subject: Questions on the House 2015 Recommendation Kevin, We have compiled a list of questions we have about the 2015 House Recommendation that I was hoping you could help address. These are the department's questions (including those from program areas and my team). SBO may have additional questions outside of these items. Boilerplate Questions: Sec. 205: Is this language being included in any other budgets? What is the rationale for including it at this time? I believe it's only in the DHS budget. The rationale for this section is to reiterate that the Legislature believes that boilerplate is law rather than only "guidelines". Sec. 232: Is this language being included in any other budgets? What is the rationale for including it at this time? This section is also in the DCH proposal (Sec. 282.). It originated through the DCH workgroups, and they then asked Rep. MacGregor to include it in his DHS proposal. So I am not entirely sure the specific rationale except that the House believes tracking metrics and outcomes are good policy. Sec. 410: What is the underlying rationale for the changes prescribed in this section? Is there a particular issue of concern? The particular concern the House heard is that recently the rate was increased to $60 per unit from $45 with no subsequent increase in the funding allocation, so the concern was that fewer individuals could be served. Sec. 410 is intended to allow local providers to assist the same number of individuals, if the local providers were still willing to provide service at $45 per unit. It could also allow local units to administer the state funded guardian program and the local guardian programs the same. Sec. 501: Can you explain how the 25% level was chosen to revise this section? The last percentage the House has seen is 29%, and the House wanted the goal to be lower than the current percentage. Sec. 613: Can you help with the underlying rationale for the changes in indigent burial? The $700 for each eligible deceased came from an outside request to simplify the process. I have not completely vetted this section (hence the last sentence), but I imagine this section could need technical revision. Any thoughts would be appreciated. Sec. 626: Can you help with the underlying rationale for this request? Is reporting on Medicaid non-emergency transportation costs also included in the DCH budget? Sec. 1861 in the FY 2014 DCH budget requires a travel report/review. DCH told the House during their work groups that they cannot provide a thorough report until they get the information noted in this section from DHS. I do not have the specifics on if/when DCH asked DHS for those data, and if they did ask who from DHS they	unknown

	M
219	

	A	B	C	D	E	F	G
220	Chuck Overbey	SBO		DHS Concensus	4/15/2014	2014-0415-1	ABM/RD Frances Carley Kevin Koorstra
221	Kevin Koorstra	HFA		Debt Service for Maxey	4/16/2014	2014-0416	ABM/RD Marlon Brown Daniel Horn
222	Kevin Koorstra	HFA		12080	4/21/2014	2014-0421	ABM Frances Carley

	H	I
220		
221		
222		

	J
220	From: Overbey, Charles (DTMB) [mailto:overbeyc@michigan.gov] Sent: Tuesday, April 15, 2014 4:37 PM To: Frances Carley; Koorstra, Kevin (KKoorstra@house.mi.gov) Cc: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: DHS Consensus Frances and Kevin---SBO and DHS propose adding the Food Assistance Program and Adoption Support Services to consensus and request your concurrence. Food Assistance Program: While FAP is 100% federal funding, agreeing to the caseload and funding amount will align the executive and the legislature on the needs of this program. We suggest making a trend-line projection using existing data and then making a discrete adjustment to take into account the changes from the Heat and Eat policy change. I previously discussed this proposal with both of you and you indicated preliminary agreement. Adoption Support Services: This line has been growing as DHS increases the number of adoptions. We propose adding Adoption Support Services to consensus to accommodate and agree on this caseload and growth. We would consent on the portion of this line that supports payments to private adoption agencies. Funding for staff, MARE contracts and other items will not be included in our agreement. Would you please respond to this e-mail with your position on including these two programs in consensus. Let me know if you have questions or want to discuss this proposal. Thank you for your consideration and assistance.
221	Do any of you know, or have the capability to find out, how much the state still owes in debt service for the Green Oaks Maxey renovation?
222	Amanda and Frances, Like both of you, I have recently reviewed 12080 spending trends and my document is attached. There are two issues that I see, 1) Gross Authorization and 2) Too much “matching” federal authorization and not enough GF/GP (or capped federal). And just for simplicity, I adjusted GF/GP rather than making a policy decision to use GF/GP instead of TANF or SSBG. I have also provided this to SBO in a separate email. Please let me know if you see any technical issues or if you have any questions. Kevin

	K	L
220	Yes, I can agree to add the programs, but I would like to receive some data on each. For FAP, I don't have a sense of the way that policy changes have impacted the trends over the past couple of years. It would be helpful to be able to understand the impacts, if possible. Otherwise, maybe some background on the approaches that SBO and DHS have been using for projections. For Adoption Svcs, I think we would need monthly caseloads, average monthly payments and fund sourcing over the past couple of years. I know that the trend is showing an increase in spending and number of adoptions, so it would help if we could get a handle on how the line is evolving. Thank you, Frances	4/17/2014
221		unknown
222		unknown

	M
220	Chuck, HFA cannot agree to those additions at this time. We have not tracked and forecasted FAP to the degree that we have for the other public assistance programs, so we are not comfortable incorporating a FAP projection that we would be less confident in with our more established models. We can absolutely agree to include FAP in the May 2015 caseload consensus. HFA cannot agree to include the adoption support services line, because it is more of an administration line than a caseload supporting line. Yes, costs change within this line as caseloads change, but so do electronic benefit transfer, employment and training support services, medical/psychiatric evaluations, child welfare field staff – caseload compliance, etc. Thanks, and let me know if you have any questions. Kevin From: Overbey, Charles (DTMB) [mailto:overbeyc@michigan.gov] Sent: Tuesday, April 15, 2014 4:37 PM To: Carley, Frances (FCarley@senate.mi.gov); Kevin Koorstra Cc: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: DHS Consensus Frances and Kevin---SBO and DHS propose adding the Food Assistance Program and Adoption Support Services to consensus and request your concurrence. Food Assistance Program: While FAP is 100% federal funding, agreeing to the caseload and funding amount will align the executive and the legislature on the needs of this program. We suggest making a trend-line projection using existing data and then making a discrete adjustment to take into account the changes from the Heat and Eat policy change. I previously discussed this proposal with both of you and you indicated preliminary agreement. Adoption Support Services: This line has been growing as DHS increases the number of adoptions. We propose adding Adoption Support Services to consensus to accommodate and agree on this caseload and growth. We would consent on the portion of this line that supports payments to private adoption agencies. Funding for staff, MARE contracts and other items will not be included in our agreement. Would you please respond to this e-mail with your position on including these two programs in consensus. Let me know if you have questions or want to discuss this proposal.
221	
222	4/21/14 Kevin Koorstra: I should also add that I didn't take into account the FY 2014 Exec Rec for $11.2 million in additional GF/GP for this line to offset other federal revenues. So including that adjustment, the fund sourcing issue is less than my documents show.

	A	B	C	D	E	F	G
223	Amanda Bright McClanahan	DHHS Budget		Farm Bill Impacts - $1 LIHEAP	4/21/2014	2014-0421-1	
224	Frances Carley	SFA		SB 890 - Adoption DOC payments bill	4/29/2014	2014-0429	RD/ABM

	H	I
223		
224		

	J
223	SBO and Fiscal Agency Colleagues, The department had previously provided the policy updates for the impacts of the heat and eat changes in the recently passed Farm Bill. To provide some additional context, I wanted to detail how the logic in Bridges will work for cases over the next several months. In addition, I have attached the best data we have at this time on the impact of the change in policy. Our Bridges contractor, Deloitte, took a sample of over 15,000 cases in the current FAP caseload and calculated the potential impact of the policy change for households. The final results were about 18.2% of the caseload would potentially be impacted, with an average benefit reduction for those cases impacted of about $76.73 monthly. Potential impact and Bridges logic: • For all applications certified before 2/7/14, the case will receive the full standard utility allowance (SUA) until their next redetermination or at a case change (individual added or taken out of the case for example). At that time, clients will have 5 extra months on the full SUA and then will have to verify they receive more than $20 in LIHEAP funds or have had someone provide more than $20 in LIHEAP funds on their behalf (through crisis assistance, home heating credit, direct payments to utility providers etc.) in that month or in the previous 12 months to receive the full standard utility allowance. Or they can demonstrate sufficient heating/cooling expenses to qualify. • For all applications certified between 2/7/14 and 3/10/14, the case will receive the full standard utility allowance until redetermination or a case change. They will not receive the additional 5 months as is the case with the group above. At redetermination or a case change, clients will have to verify they receive more or have had someone provide more than $20 in LIHEAP funds on their behalf (through crisis assistance, home heating credit, direct payments to utility providers etc.) in that month or in the previous 12 months to receive the full standard utility allowance. Or they can demonstrate sufficient heating/cooling expenses to qualify. • For applications certified between 3/10/14 and 5/1/14 and they were new applications during that time, they will receive 2 months (or until 5/1) full standard utility allowance. After 5/1/14, clients will have to verify they receive more or have had someone provide more than $20 in LIHEAP funds on their behalf (through crisis assistance, home heating credit, direct payments to utility providers etc.) in that month or in the previous 12 months to receive the full standard utility allowance. Or they can demonstrate sufficient heating/cooling expenses to qualify. This group will be receiving requests to provide verification information. Those notices were sent out on April 18, 2014. • For all applications certified on 5/1/14 and later: Clients will have to verify they receive more or have had someone provide more than $20 in LIHEAP funds on their behalf (through crisis assistance, home heating credit, direct payments to utility providers etc.) in that month or in the previous 12 months to receive the full standard utility allowance. Or they can demonstrate sufficient heating/cooling expenses to qualify. I hope this provides some additional clarity on the policy.
224	Good morning, I'm working on my fiscal impact statement for SB 890, Senator Caswell's bill to allow for adjustments to the Determination of Care payments to adoptive parents. Does the Department have an estimate for the potential fiscal impact, or any other information that should be included in the analysis? The bill is scheduled to be taken up in the Families Committee on Wednesday. Thanks, Frances

	K	L
223		unknown
224	Amanda Bright McClanahan responded verbally to this request.	4/29/2014

	M
223	
224	:)

	A	B	C	D	E	F	G
225	Kevin Koorstra	HFA		Business Objects Purchasing question	4/29/2014	2014-0429-1	ABM/RD
226	Kevin Koorstra	HFA		Foster Care Caseload	5/1/2014	2014-0501	ABM/RD

	H	I
225		
226		

	J
225	Amanda, Historically I have been able to use the Purchasing Universe to identify the agencies that have, for example Homeless Youth and Runaway contracts, family reunification contracts, counseling contracts, etc. using a simple code that includes BPO Title, BPO amt, Effective Date, Exp Date, and Vendor. That report is also helpful to identify how much might potentially be expended from those contracts over their 3 year lifetime. However, it doesn't appear that those contracts are being coded in the same manner. I say that because the most current HYR contracts that appear in this script have BPO titles HRY 09-XXXXX and an Expiration date of 9/30/2012. I have attached the report. When I review vendor and invoice expenditure data for the youth in transition line I can see HYR contracts with titles HYR – 13-XXXXX, so I know that they exist. Any help that you can provide is appreciated. Kevin
226	Amanda, Do you have any background information or specific policy reasons why foster care cases are trending up over the past few months? If I had to guess, I think part of it is due to a reduction on unlicensed relatives and in increase in licensed foster homes. But are there other policies impacting this caseload as well? Kevin

	K	L
225	Thanks. All I am really looking for is Contract Number, Contractor Name, Contract amount and Contract End Date, so is there a way to shrink this report? Alternatively, if this report comes from Business Objects I can make the edits myself if you are willing to provide this report to me. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, May 5, 2014 12:56 PM To: Kevin Koorstra Subject: RE: Business Objects Purchasing question Here you go… Amanda From: Bright McClanahan, Amanda (DHS) Sent: Wednesday, April 30, 2014 1:59 PM To: 'Kevin Koorstra' Subject: RE: Business Objects Purchasing question Ok, it's too big – let me send just one portion. Amanda From: Bright McClanahan, Amanda (DHS) Sent: Wednesday, April 30, 2014 1:51 PM To: 'Kevin Koorstra' Subject: RE: Business Objects Purchasing question Hi Kevin, Apparently with the business objects changes, some items are no longer available; most of the queries in my shop are being rebuilt in the new system because they did not migrate. In addition, many of the contract series for the department are being renumbered because of the contract tracking system in place. I am sending, in a separate email, information for 2013 contracts. If this is helpful, we can do a 2014 pull as well.	unknown
226		unknown

	M
225	
226	

	A	B	C	D	E	F	G
227	Kevin Koorstra	HFA		FY 2015 DHS questions/comments	5/1/14	2014-0501-1	ABM/RD
228	Kevin Koorstra	HFA		Child Support bills	5/2/2014	2014-0502	ABM/RD
229	Frances Carley	SFA		SB595	5/6/2014	2014-0506	ABM/KF/RD/PG

	H	I
227		
228		
229		

	J
227	Amanda, I have a couple part 1 questions. 1) Are you comfortable with the fund sourcing of the House and Senate local field staff reductions? I checked and they are nearly identical at 42% GF/GP, 20% TANF, 38% other Federal? I know that the House and Senate total cuts are different, but that is because I worked backward by cutting $19.3 million and fund sourcing that reduction rather than cutting 150 FTEs and making the appropriate funding reductions. 2) Do you have a Maxey Closure reduction proposal that you can share? I remember you mentioning that you would like some of additional funds in the fringes line to cover employee payouts. 3) Do you have any comments or thoughts on my fringes line item questions that you can share, or do you need to defer to SBO? Also, are there any comments or technical concerns with any of the House's boilerplate changes that we can work through prior to any Conference meetings? Thanks, Kevin
228	Does DHS have a crosswalk of some sort on HBs 5464 and 5465? I'm having a difficult time determining how much of these proposed new acts are just codification of policy, duplication of current law, or new provisions. Also has your shop done a fiscal analysis either on these bills in particular or on the larger package, and if so would you be willing to share that? Also, does DHS anticipate that HB 5508 will have any added costs, or does the office of child support already have an electronic registry of individuals that have outstanding child support.
229	Amanda and Karyn, I'm working with the analyst in our office who was assigned to SB 595, a human trafficking bill that includes a $3 tax on entrance fees for adult entertainment clubs. The analyst would like to include some information about the Domestic Violence Prevention Fund. I realized that I don't have any background on either the revenue or expenditures from the fund. Could you please provide the revenue and expenditures in FY 13? Thanks, Frances

	K	L
227		unknown
228	Hi Kevin, 5464 and 5465 are both establishing new provisions. I have attached a few items from current policy that might be helpful. We have not completed a fiscal analysis on this package – we are not anticipating needing additional funding to meet the requirements of the package. http://www.mfia.state.mi.us/ChildSupport/policy/Documents/4.10.pdf http://www.mfia.state.mi.us/olmweb/ex/csm/210.pdf http://www.mfia.state.mi.us/ChildSupport/policy/Documents/4.10E1.pdf For 5508, we are not anticipating any additional costs at this time. We have available funding within the MiCSES update schedule (planned maintenance and updates each year within the confines or our appropriation) to meet this need. Thank you, Amanda	5/7/2014
229	Hi Frances, The Domestic Violence Prevention Fund, as identified in statute, is actually technically the full appropriation line item for the Michigan Domestic and Sexual Violence Prevention and Treatment Board. It is an oddity because of the way the board is organized and appropriated in the department's budget. Should this bill pass, the line item would need to be expanded to include this fund source with an additional D23, in my opinion, for the cleanest possible identification of the funds. Thank you and please let me know if you have any questions, Amanda	unknown

	M
227	
228	
229	

	A	B	C	D	E	F	G
230	Kevin Koorstra	HFA		SACWIS roll out question	5/7/2014	2014-0507	ABM/RD S. Yager
231	Kevin Koorstra	HFA		HB 5534 and 5535	5/9/2014	2014-0509	ABM/RD
232	Kevin Koorstra	HFA		SB522	5/9/2014	2014-0509-1	ABM

	H	I
230		
231		
232		

	J
230	Steve, Can you assist me with this? Amanda From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Wednesday, May 07, 2014 2:16 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: SACWIS roll out question Amanda, A Representative contacted me the they have heard that one of the issues with the SACWIS roll out is inaccurate data. Is that an accurate statement? If so do you have any follow up information that I can provide the Representative?
231	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Friday, May 09, 2014 2:09 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: HB 5534 and 5535 Amanda these bills are on the House MVA committee agenda next Wednesday and they require DHS to ask FIP and FAP applicants to state whether they are veterans, and if they are to forward “that information” to DMVA. I know the DHS application already asks that question, but what happens currently if someone states that they are a veteran?
232	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Friday, May 09, 2014 4:38 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: SB 522 question Amanda, SB 522 is on the House FAMI agenda next week and SFA notes that SB 522 will not have a fiscal impact. But that bill repeals a $2 monthly fee. Is that fee not being imposed because those responsibilities are within the SDU now instead of the counties? Any information you can share would be beneficial. Kevin

	K	L
230	ABM: 5/14/14 You can close this one.	5/14/2014
231	Hi Kevin, If an individual indicates he/she is a veteran, the department refers that individual to available resources for military benefits in addition to determining eligibility for any benefits the department provides through its programs in accordance with policy. The data collected on veteran status cannot be shared with the DMVA as indicated in the proposed bills due to restrictions and privacy requirements associated with data housed within DHS systems. My understanding at this time is that the department (through Legislative Affairs) is following up on these bills with the policy committee, and additional information will be provided as needed. I hope this helps. Thanks, Amanda	5/14/2014
232	Kevin, In response to your request: This bill has no fiscal impact for DHS. The bill is just removing the $2 fee (which is paid through the SDU but NOT retained by the DHS) from a duplicative spot in statute. This bill helps ensure the $2 is not charged twice to parents. The $2 fee isn't gone; it has been combined with another long-standing fee for a total fee amount of $3.50 and now appears in MCL 600.2538. The $3.50 is paid through the SDU but not retained by the DHS; the SDU disburses it within two days to its intended recipients. Thank you, Amanda	5/23/2014

	M
230	
231	
232	

	A	B	C	D	E	F	G
233	Chuck Overbey	SBO		Foster Care Consensus	5/13/2014	2014-0513	Frances Carley/Kevin Koorstra
234	Chuck Overbey	SBO		Updated Consensus Template	5/14/2014	2014-0514	Kevin Koorstra

	H	I
233		
234		

	J
233	From: Overbey, Charles (DTMB) [mailto:overbeyc@michigan.gov] Sent: Tuesday, May 13, 2014 11:28 AM To: Carley, Frances (FCarley@senate.mi.gov); Angelotti, Steve; Kevin Koorstra; Steve Stauff Cc: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: Foster Care Consensus Frances and Kevin---To follow-up on our consensus meeting yesterday, and after your re-review of the numbers, would you please let us know the following about your foster care projections for FY 2014 and FY 2015. 1. Foster Care caseload projection 2. Foster Care average cost per case projection 3. Foster Care caseload funding Would you also discuss your methodology, in particular how you handled the case mix, the $3 rate increase and trial reunification. Thank you for your help.
234	From: Overbey, Charles (DTMB) [mailto:overbeyc@michigan.gov] Sent: Wednesday, May 14, 2014 2:44 PM To: Kevin Koorstra; Carley, Frances (FCarley@senate.mi.gov); Angelotti, Steve Cc: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: Updated Consensus Template Kevin and Frances---Attached is an updated consensus template that incorporates the numbers each of you sent this morning. We have also revised the SBO number down a bit. We propose using the average of our numbers as reflected for Foster care. Other numbers show our agreement on Monday. If you agree with the revised Foster Care numbers, we will use these numbers and template to reflect our final consensus. Thank you for your help on this consensus process. If you have questions, please let us know.

	K	L
233	Chuck, I have re-reviewed my forecast and I'm willing to increase FY 2014 funding by $2 million and FY 2015 by $4 million as follows: FY 2014 6,486 cases, $26,802 annual cost, $173,830,700 caseload funding. My non-caseload spending can stay the same as I stated on Monday. FY 2015 6,566 cases, $26,756.50 annual cost, $175,695,100 caseload funding. My non-caseload spending can stay the same as I stated on Monday. FY 2016 – I'd propose that we carry forward whatever is the FY 2015 caseload forecast. For FY 2014 and FY 2015 consensus, I will most likely be comfortable using the average of the 3 consensus forecasts. I can't say that with 100% certainty until I see the revised SFA and SBO numbers. Kevin	5/14/2014
234	Kevin Koorstra: Yes. I agree with the Foster Care consensus numbers. Frances Carley: Yes, I agree too.	5/14/2014

	M
	Chuck, I've provided responses to your questions below. I adjusted my CPC numbers to take into account some the caseload/non-caseload items that we've been discussing. I have a few additional thoughts on the average estimates. In terms of the total caseload spending, I've looked at the projections from a few new angles based on the documents that DHS provided on Monday. The first, "FY14 Spending; Program Codes that comprise cost per case" provided an overview of caseload spending for the first 7 months. While the codes listed included the YAVFC cases, the case number to determine the CPC did not. With the adjustment, the projected caseload spending comes to $168.5M (with 5 months of the $3 increase). Next, if we use the same YTD spending to estimate spending for 26 pay periods (assuming 15 have passed), the caseload spending (including the $3 increase) is $166.8M. The second document, the "March 2013 to April 2014" report, assumed $27,288 CPC for the additional YAVFC cases, but these are actually about $15k each. With the adjustment and using the calculations provided in the worksheet, the caseload spending comes out to $173.5M. The caseload averages therefore seem to have some degree of cushion built in to the numbers. Additionally, the non-caseload items have been coming in less than $12.3M and the offsets are not included in the total projection. It's probably clear to all of us that we are not on the same page regarding the YAVFC cases and other coding. At the risk of stating the obvious, we should agree to the terms for YAVFC in advance of the consensus meeting next year, as well as figure out which items are included in caseload/non-caseload codes, so that things are smoother. 1. Foster Care caseload projection FY 14 & FY 15 Retain my current estimates -Assumed the average of the regular cases would remain steady, decreasing slightly from FY 14, while YAVFC increases -The regular (non-YAVFC) caseloads have been declining, but the rate of the decline is slowing down.
233	2. Foster Care average cost per case projection
234	

	A	B	C	D	E	F	G
235	Amanda Bright McClanahan	Amanda Bright McClanahan		2015 Budget - Technical Items	5/14/2014	2014-0514-1	Kevin Koorstra
236	Frances Carley	SFA		Michigan Reading Corps Budget	5/15/2014	2014-0515	ABM/RD

	H	I
235		
236		

	J
235	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, May 14, 2014 2:52 PM To: Kevin Koorstra Cc: Kangas, Susan (DHS); Doll, Ryan (DHS); Ferrick, Karyn (DHS) Subject: 2015 Budget - Technical Items Kevin, I have attached information on two items I would like to discuss with you for 2015 budget negotiations related to boilerplate section 212 and the unrolling of SSBG and LIHEAP as fund sources. The department cannot support either the removal of section 212 and the unrolling of these funding sources. Instead, I would like to offer an alternative of boilerplate reporting on SSBG and LIHEAP quarterly to provide additional transparency and would like to talk through the issues associated with sec. 212 further. Can we set up a phone call at your convenience on these two issues? I think it would be more productive to discuss these items rather than the technical and lengthy emails that would likely have to go back and forth. Thank you, Amanda
236	Amanda, I'm wondering if you would be able to provide some insight on the MI Reading Corps projected 5-year budget with the Hope Network. I realize that some of the budget is outside of DHS's scope. The tabs in the 5-year budget show the CNCS Federal match with other funding sources. I don't know which source is the state funding. Is it "Grantee Share" or "Additional Funds?" I'm asking because the CNCS share increases to $1.7 million in Year 5 with the Grantee Share increasing to $1.0 million. CNCS Share $665,000.00 Grantee Share $285,000.00 Total Grant $950,000.00 All Sources Total CNCS Share $665,000.00 Grantee Share $285,000.00 Additional Funds $363,566.90 Total Costs $1,313,566.90 Grantee Responsibility Total Grantee Share $285,000.00 Additional Funds $363,566.90 Total Costs $648,566.90 Thanks, Frances

	K	L
235	Meeting scheduled Friday @ 1 pm with Kevin and ABM.	unknown
236	Hi Frances, The federal match requirements assume the grantee share plus additional funds. The state share is a subset of that total match amount. If the match requirements grow, then the match will have to grow with it. However, it is my understanding that the Michigan Community Services Commission is looking to develop multiple sources to ensure sufficient match as needed. The budget you are referencing below appears to be from the grant application. I think that has been revised down somewhat to the 2014 budget narrative I have attached. As of right now, the department is anticipating the following: $350,000 in state funding, $665,000 federal funding, $203,700 in private funding Thank you, Amanda	5/16/2014

	M
235	
236	

	A	B	C	D	E	F	G
237	Kevin Koorstra	HFA		Caseload Funding	5/19/2014	2014-0519	ABM
238	Frances Carley	SFA		FAP Caseload Revision	5/20/2014	2014-0520	ABM/RD D. Horn
239	Kevin Koorstra	HFA		Maxey Reduction Questions	5/23/2014	2014-0523	ABM/RD

	H	I
237		
238		
239		

	J
237	Amanda, Can you provide the fund souring for the “other” column in the caseload consensus tables? Also, is there an updated TANF utilization table? Kevin
238	Dan and Amanda, Could you please send revised caseload estimates for the Executive Revision? If you have any background information that would explain the changes, that would be helpful too. Thanks, Frances
239	Amanda, For planning purposes, and separate from a request from a representative, what would be the fiscal impact of only providing an operational budget for 40 beds at Maxey? Kevin

	K	L
237		unknown
238		unknown
239	It's my understanding that Maxey is licensed for 80 youth, and those 80 beds are in pods of 20. Licensing requirements include staff to youth ratios, and other items, so could DHS request that their license be amended to only provide services to 40 youth and then close down a couple pods? I also cannot remember if Maxey already has an "operational budget" for 60 beds due to various budget cuts over the past couple fiscal years. I haven't thought this through very much, and don't really know where to start. But I am trying to think of some potential funding reduction alternatives to closing Maxey. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, May 23, 2014 12:34 PM To: Kevin Koorstra; Doll, Ryan (DHS) Subject: RE: Maxey reduction question Hi Kevin, I think I need to understand the request a bit more. Can you give me a bit more on what assumptions you are thinking through? Amanda	5/23/2014

	M
237	
238	
239	

	A	B	C	D	E	F	G
240	Kevin Koorstra	HFA		Capped federal funds, IRS claims, and food stamp award	5/31/2014	2014-0623	ABM/RD
241	Kevin Koorstra	HFA		Pending Sublimental Requests	6/23/2014	2014-0623	ABM

	H	I
240		
241		

	J
240	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Saturday, May 31, 2014 11:40 AM To: Berger, Duane (DHS); Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS) Subject: Capped federal funds, IRS claims, and food stamp award Duane and Susan, Here is my list of pending DHS questions from Friday (plus one). Could you provide your capped federal funds proposal, so that can be incorporated into the Conference report? Additional information and recent trends in the Child Support IRS recoveries. Could you provide the work project information on the food stamp award you are using to support MRS? I looked at the Work Project reports we receive from the SBO and I could not find it. Thanks. Kevin
241	My bosses asked if there would be any issues if a FY14 supplemental was not enacted until September. Thoughts?

	K	L
240	From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Monday, June 2, 2014 1:29 PM To: Kevin Koorstra; Berger, Duane (DHS); Kangas, Susan (DHS); Frances Carley (fcarley@senate.michigan.gov) Subject: RE: Capped federal funds, IRS claims, and food stamp award Hi Kevin, Here is the information you requested. (1) Capped funds proposal – here is the narrative form of the proposal at this time. My team is working on the line item by line item detail at this time. We are working to complete it by COB tomorrow. (2) Child support negative tax offset information and a history of the trends is attached. This link also provides an additional write-up if that helps with any context. http://www.mfia.state.mi.us/childsupport/policy/Documents/2013-028.pdf (3) The work project identified for 2013 with SNAP bonus award funds for MRS is included in the information below. This is just a screen shot from the work project system. The work project was closed at the end of 2013 as a one-time item. Human Services Fiscal Year: 2013 Work Project: Employment and Training Supportive Service - 3267 Appropriation: 11350, Demonstration Projections, Amount: $2,800,000; D23: 0903 – Total federal revenues. Project Purpose To provide access to employment and training services to achieve employment and independence for individuals with disabilities. Implementation Plan available for Review? Yes Summary of Implementation plan The Department of Human Services will utilize the existing service delivery network administered by Michigan Rehabilitation Services to address critical barriers to employment and promote self-sufficiency for clients with disabilities. Thank you,	6/2/2014
241		unknown

	M
240	per ABM That looks right to me. _____ Thanks. I made those adjustments and I am showing a new difference of ~$32 million. Does that sound about right? _____ Kevin, Our assumptions were based on the department's budget as it was presented. Therefore, we used a relative percentage of total funding as assumed in the Executive Recommendation to identify the capped funding in order to stay consistent with the rec by appropriation unit rather than by grant. I tried to line your analysis up against our deduct summaries and I think the biggest differences are probably in the Payroll taxes and fringe benefits and Field staff, salaries and wages line items. I think that is something we probably anticipated would be the case. This will have to be reviewed, of course, during the 2016 development process and the re-definition of the economics base for calculation based on the new configuration of the appropriation. In looking at your list of grants, I see a few items that are missing or slightly off in total amounts from the levels carried in the rec. • Independent Living – All of the Chafee funds are capped and total assumptions were about $6.3 million. • MCSC – Assumed authorization is about $10.5 million we believe. • IV-B Part 1 – Assumed authorization is about $8.83 million. Thank you Kevin. Amanda From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Tuesday, June 17, 2014 11:31 AM To: Bright McClanahan, Amanda (DHS); Frances Carley Subject: RE: Capped federal funds, IRS claims, and food stamp award Amanda, I have reviewed DHS's capped federal funds proposal and I am having a difficulty adding up to $610+ million in capped federal funding. I reviewed the FY 2013 deduct summary and then increased those amounts based on the lines that have "excess" capped federal fund authorization (e.g. MRS, IV-B Part 2, LIHEAP, Refugee). The number I get is ~$570 million. Is there a capped federal fund that I have considered "match"?
241	

	A	B	C	D	E	F	G
242	Frances Carley	SFA		Refugess	7/2/2014	2014-0702	ABM/KF
243	Frances Carley	SFA		SB 975	7/11/2014	2014-0711	ABM

	H	I
242		
243		

	J
242	Good morning. I've received some questions regarding an article in the Detroit News on Wolverine's discussion of possibly taking in refugee minors from Central America: http://www.detroitnews.com/article/20140701/METRO/307010139/0/METRO/Michigan-facility-talks-feds-house-children-fleeing-Central-America From what I can see in the Business Objects detail, Wolverine or their clients have not been receiving Federal Refugee Assistance funding. How would these placements be funded? Would they receive 100% Federal Refugee funding, or would they receive any CCF, Title IV-E with match, or any other combination of GF/GP? Thanks! Frances
243	Good morning, Does the Department have an estimate for the hold harmless provisions for Kent County in SB 975? There is a chance that SB 975 may be taken up in Families next week, so I'm working on a statement just in case. Thank you, Frances

	K	L
242	Hi Frances, This is what I have been told from our office of Refugee Assistance: Our office has no responsibility or administration in regards to this population. In fact, there is no state oversight or administration for the unaccompanied children crossing the border. Providing shelter care for these undocumented youth is completed through direct contracts between the Feds and private child placing agencies around the country. As such, with the huge influx at the border, the Federal government-DHHS is/has been reaching out to develop additional facilities. Our understanding is that Wolverine Human Services was contacted by a Federal contractor out of Chicago, Heartland Alliance. They are looking at taking one of these Federal contracts to provide shelter for the youth. The facilities obviously have to be licensed within the state to house the youth, but the agreement to services provision and specific requirements is with the Feds. Additionally, I have been told by BCAL the following: Wolverine Human Services is responding to the Federal Government's request for shelter for unaccompanied/undocumented minors that are in the United States illegally. The minors will be in care until a relative is located or the youth is returned to his/or her country of origin. At this time Wolverine Human Services' large campus in Vassar has 270 actively licensed beds and 165 closed beds that can be re-opened. There are no current contract prohibitions that would preclude Wolverine from opening the closed beds to care for the unaccompanied minor population. The current federal regulations places limits on mixing of abuse/neglect and juvenile justice populations. This would extend to the unaccompanied minor population. At this time Wolverine is able to achieve this due to the number of separate buildings available on the campus and the size of the campus. If you have any additional questions, please let me know. Karyn Ferrick, Director Office of Legislative Services Michigan Department of Human Services (517) 335-3482	7/2/2014
243	Hi Frances, We currently have approximately 139 children to be transferred from public to private agency supervision in Kent County. While this is point in time data, assuming a $37 administration per diem, an estimated annual cost would be $1.88 million total, or about $940,000 in relief to Kent County. This would be an upper bound at this point in time. (Estimated new cases in the pipeline have not been calculated.) Thank you, Amanda Hi Frances, I am checking with Steve on the latest numbers – let me get back to you. Amanda	7/16/2014

	M
242	72/14 K. Ferrick Based on the fact that this would be a direct contract between the feds and Wolverine - I don't believe so - but I would feel better if Budget/Amanda/Ryan could confirm that I am not off base here.
243	

	A	B	C	D	E	F	G
244	Frances Carley	SFA		Wolverine	7/15/2014	2014-0715	ABM
245	Frances Carley	SFA		SB 975-Continued	7/16/2014	2014-0715-1	ABM

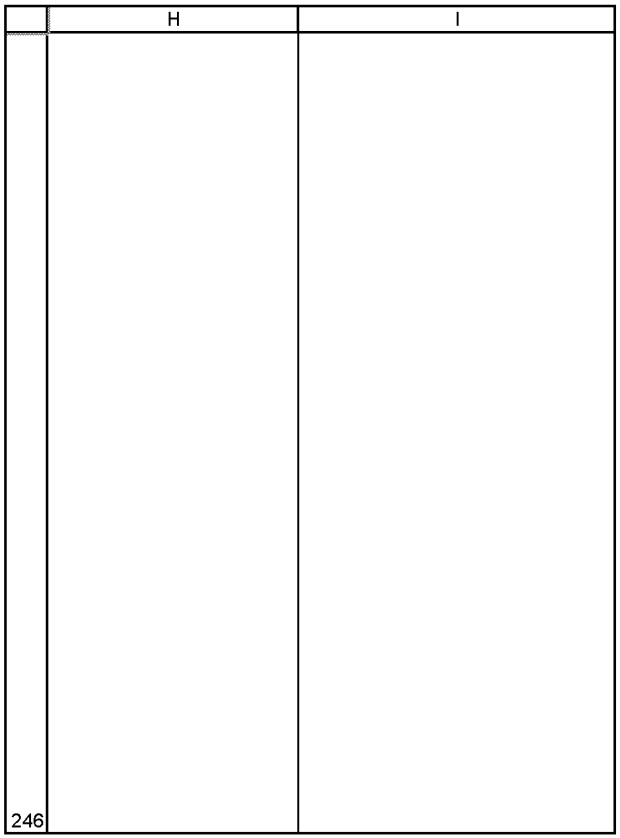
	H	I
244		
245		

	J
244	Amanda, I received a request about the payments that Wolverine has received over the past 5 years for child welfare services. Is the Department able to determine payments from the Child Care Fund? I think I can figure out the rest from Business Objects. Thanks, Frances
245	Thank you. Could you please also provide information on how the $940k will be covered? I apologize, but I don't recall if the Council or DHS ever discussed a decision on how to proceed with these payments. Would some or all of the costs fall under the $5 million increase that is provided in HB 5507? Is DHS considering any plans to offset the costs with reductions? Thanks! -Frances

	K	L
244	ABM 7/15/14 We cannot provide data by provider from the child care fund in our system. Each county would have to be surveyed individually for that purpose. Thank you, Amanda ========== Hi Frances, I will see what we can pull from the system, and get back to you. Amanda	7/15/2014
245	The costs would be covered within the child care fund line item, through a portion of the $5 million provided in the 2015 appropriation. Thanks, Amanda	7/16/2014

	M
244	Closed
245	

	A	B	C	D	E	F	G
246	frances Carley	SFA		SB 998 - New Commission	7/30/2014	2014-0730	ABM/RD


H
I
246

	J
246	Hi Amanda and Karyn, SB 998 would create a new commission to oversee sexual assault evidence kit tracking and reporting within the Domestic Violence Prevention and Treatment Board. The bill will be taken up in Judiciary on August 13th. The commission will be headed by the Director of the Dept of State Police. Would the reimbursements for expenditures that are provided to the commission members come out of the DHS budget? If so, does DHS have an estimate for these costs? A couple of years ago the Legislature included about $30k for another commission in DHS. Should I use the same estimate for this new commission? Thanks, Frances

	K	L
	8/18/14 Hi Frances, We looked into this issue. I cannot speak from the MSP perspective as to the costs to develop a database for the purposes identified in the bill. We would assume development of a tracking system to be linked to those costs as well. However, for DHS, I would say given the size of the commission and the required membership, I would assume the following costs. I hope this helps. - Meeting space - I would assume that the task force would be able to secure donated venues for the meetings; any larger meetings where public input may be solicited are likely to require larger spaces, likely unavailable in DHS offices. Based on a quick survey of venues in Lansing, I would estimate about $500 per venue, plus an additional $250 for technology needs per meeting or hearing. I will say that DHS does have projectors that would be available for use at its facilities. ($3,000 maximum) - The department cannot provide food, using appropriated funds, for any meeting less than 5 hours in length. Private partners would likely need to be approached for those needs. Based on what I have seen in the past, I would budget about $800 for lunches and about $500 for the any large meetings. ($3,000 maximum) - Travel and parking reimbursement - I would estimate reimbursement at the state's current mileage rate. A maximum budget would be about $12,500 (including any necessary lodging.) - Any need for private consultants would need to be included. Consulting fees have a very large range - from hundreds to thousands of dollars, depending on their specialty. I would estimate about $2,000 per consultant at a minimum, excluding travel costs. With those costs, it could total about $3,500 per consultant (with air fare, hotel room, and meals.) - Materials and supplies, including printing costs for the final report, will be variable. I would assume at least another $3,000. - DHS staff support would be provided using existing resources for the Michigan Domestic and Sexual Violence Prevention and Treatment Board. The items above, excluding the systems costs, would be about $25,000 maximum annually. Systems costs can range dramatically, even for the creation of a relatively straight forward database and tracking system as identified in the bill. I would estimate at least another $20,000 for those costs (this is based on the costs of our development of a help-ticket tracking system in house over the last year that would probably be analogous to this purpose.) Thank you and please let me know if you have any questions, Amanda	8/18/2014
246	Hi Frances,	

	M
	8/11/14 Hi Frances, We looked into this issue. I cannot speak from the MSP perspective as to the costs to develop a database for the purposes identified in the bill. We would assume development of a tracking system to be linked to those costs as well. However, for DHS, I would say given the size of the commission and the required membership, I would assume the following costs. I hope this helps. - Meeting space - I would assume that the task force would be able to secure donated venues for the meetings; any larger meetings where public input may be solicited are likely to require larger spaces, likely unavailable in DHS offices. Based on a quick survey of venues in Lansing, I would estimate about $500 per venue, plus an additional $250 for technology needs per meeting or hearing. I will say that DHS does have projectors that would be available for use at its facilities. ($3,000 maximum) - The department cannot provide food, using appropriated funds, for any meeting less than 5 hours in length. Private partners would likely need to be approached for those needs. Based on what I have seen in the past, I would budget about $800 for lunches and about $500 for the any large meetings. ($3,000 maximum) - Travel and parking reimbursement - I would estimate reimbursement at the state's current mileage rate. A maximum budget would be about $12,500 (including any necessary lodging.) - Any need for private consultants would need to be included. Consulting fees have a very large range - from hundreds to thousands of dollars, depending on their specialty. I would estimate about $2,000 per consultant at a minimum, excluding travel costs. With those costs, it could total about $3,500 per consultant (with air fare, hotel room, and meals.) - Materials and supplies, including printing costs for the final report, will be variable. I would assume at least another $3,000. - DHS staff support would be provided using existing resources for the Michigan Domestic and Sexual Violence Prevention and Treatment Board. The items above, excluding the systems costs, would be about $25,000 maximum annually. Systems costs can range dramatically, even for the creation of a relatively straight forward database and tracking system as identified in the bill. I would estimate at least another $20,000 for those costs (this is based on the costs of our development of a help-ticket tracking system in house over the last year that would probably be analogous to this purpose.) Thank you and please let me know if you have any questions, Amanda 8/8/14 Hi Amanda,
246	

	A	B	C	D	E	F	G
247	Kevin Koorstra	HFA		DHS questions for HFA's annual line item summary	8/5/2014	2014-0805	ABM/RD

	H	I
247		

	J
247	Amanda and Ryan, I have a handful of questions that I would like DHS' verification. What are/will be the position titles for the unclassified positions? How are the divisions and units organized under the office of program policy? Does DHS still have an IA with Michigan Works that permits them to utilize funding within the employment and training support services line? What offices/divisions/units are funded within the Children's Services salaries and wages line? What offices/divisions/units are funded within the Children's Services Administration line? Has the position description changed for the permanency planning conference coordinators/peer coaches, or just their title? Could I get a job description for the SSI advocates? And, if you have anything that would help me describe the new IT lines, I would greatly appreciate that! Here is a link to last year's line item summary, so you can see where I am starting from. http://www.house.mi.gov/hfa/PDF/LineItemSummaries/line14dhs.pdf Thanks, Kevin

	K	L
	Kevin, Responses to your questions are incorporated below. Please let me know if additional information is requested. Thanks, Ryan From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Tuesday, August 05, 2014 9:08 AM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: DHS questions for HFA's annual line item summary Amanda and Ryan, I have a handful of questions that I would like DHS' verification. What are/will be the position titles for the unclassified positions? The current unclassified positions for the department include: Director, Chief Deputy Director, Director of Policy & Field Legal Services, and Interagency Collaboration Program Specialist. Unclassified positions will be reviewed and re-evaluated in FY 2015 as needed. How are the divisions and units organized under the office of program policy? The Office of Program Policy has been integrated into the Field Operations Administration. Each program (SDA, FIP, FAP, LIHEAP, etc.) has a designated policy specialist. Due to reorganization, we are reviewing how this line may need to be updated in preparation for FY 2016 budget development. Does DHS still have an IA with Michigan Works that permits them to utilize funding within the employment and training support services line? Yes, based on local agreements and available funds, DHS offices provide funding from the employment and training support services line to Michigan Works! Agencies. Local agreements are anticipated in continue in FY 2015.	8/25/2014
247	What offices/divisions/units are funded within the Children's Services salaries and wages line?	

	M
247	attached Position description

	A	B	C	D	E	F	G
248	Frances Carley	SFA		SB 861 - Children's Trust Fund	8/20/2014	2014-0820	ABM/RD/KF
249	Kevin Koorstra	HFA		SDA question in BPB 2014-015	9/2/2014	2014-0902	ABM/RD

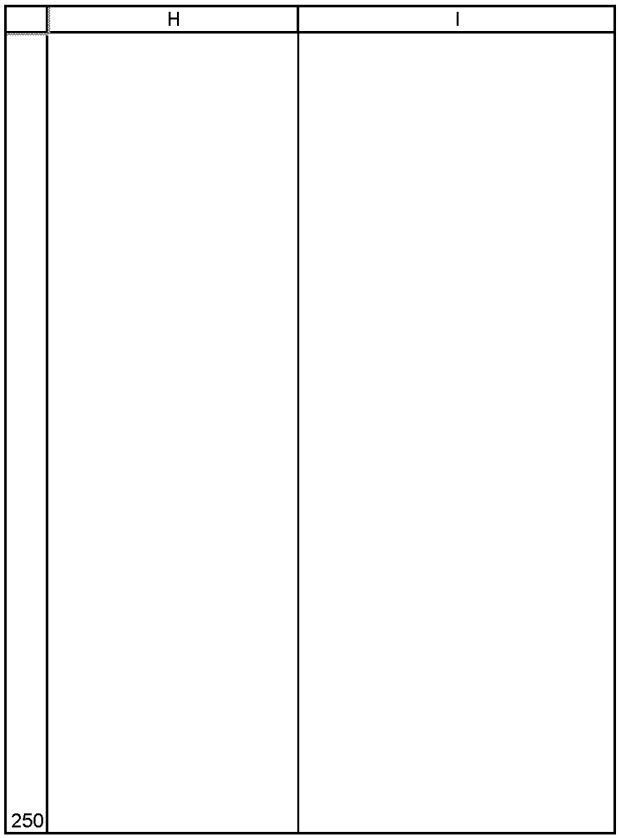
	H	I
248		
249		

	J
248	Hi Amanda and Karyn, I am helping another analyst on SB 861, which would change the language regarding distribution of Children's Trust Fund revenues. Do you know what the purpose of the change is? Will the new language result in increased grant disbursements to organizations, or is that not necessarily the case? (4) Not more than 1/2 of the money contributed to the trust 12 fund each year, plus the interest and earnings, excluding 13 unrealized gains and losses, credited to the trust fund during the 14 previous fiscal year, BEGINNING IN FISCAL YEAR 2015 AND CONTINUING 15 THROUGH FISCAL YEAR 2017, ALL MONEY CONTRIBUTED TO THE FUND THAT 16 YEAR, PLUS 4.25% OF THE 12-QUARTER ROLLING AVERAGE OF THE FUND, 17 INCLUDING UNREALIZED GAINS AND LOSSES, shall be available for 18 disbursement upon the authorization of the state board as provided 19 in section 9 of the child abuse and neglect prevention act, 1982 PA 20 250, MCL 722.609. 21 (5) ON OCTOBER 1, 2017, PROVIDED THAT THE ROLLING AVERAGE OF 22 THE FUND FOR THE PREVIOUS 12 QUARTERS, INCLUDING UNREALIZED GAINS 23 AND LOSSES, IS AT LEAST $23,500,000.00, THEN, BEGINNING WITH FISCAL 24 YEAR 2018, UP TO 5% OF THE 12-QUARTER ROLLING AVERAGE SHALL BE 25 AVAILABLE FOR DISBURSEMENT AS SPECIFIED IN THIS SUBSECTION. Thank you, Frances
249	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Tuesday, September 02, 2014 4:01 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: SDA question in BPB 2014-015 Amanda and Ryan, I just reviewed the Bridges Policy Bulletin 2014-015 and I have a question on the changes to BEM 271. Is this a substantial revision or just technical? I ask because It reads that an individual can no longer be eligible for SDA if the individual claims federal disability standards, except that the minimum duration of the disability is 90 days. (as Sec. 604(1)(b) allows). Am I just misreading this policy change? Thanks, Kevin

	K	L
248		unknown
249	RD: Thanks you. So to clarify, An applicant for SDA can still become eligible if their expected duration of disability is between 90 and 365 days? From: Doll, Ryan (DHS) [mailto:DollR@michigan.gov] Sent: Friday, September 12, 2014 12:19 PM To: Kevin Koorstra Cc: Bright McClanahan, Amanda (DHS); Dowker, Joann (DHS) Subject: RE: SDA question in BPB 2014-015 Kevin, This is a technical change not a substantial revision. This change is part of the ongoing DDS/MRT Inclusion Project to align DHS policy with the Federal SSA guidelines in which the MRT staff have already been following in making medical determinations. SDA is now aligned with MA for final SSI determinations. BEM 271 does not change eligibility criteria included in Boilerplate Section 604. Thanks, Ryan	9/12/2014

	M
248	
249	

	A	B	C	D	E	F	G
250	Frances Carley	SFA		SB 5507	9/9/2014	2014-0909	KF ABM


H
I
250

	J
250	Good morning, I have a few questions about the proposed amendment for HB 5507, as the new definition of foster care could change the projected fiscal impact of the following: -Admin rate for new cases: $2.5 million in FY 14 and $5 million in FY 15 -$3 admin rate increase: $5.1 million in FY14 (FY 15 is uncertain – see below) Changes to definition: • The reference to 712A.2(b)would remove the juvenile justice placements in the Child Care Fund from the list. How much of an impact would this have? • Relative care is not in the new foster care definition. These are placements where relatives are providing out-of-home placements for children who were removed from the home. What percent of cases that receive the admin rate are relative care? • DHS added a new group “CHILDREN REUNIFIED WITH THE PARENT THE CHILD LIVED WITH AT THE TIME OF REMOVAL.” This is really an in-home care placement. Kevin and I do not have access to in-home care data so we can't do a cost projection for these placements. New definition: “FOSTER CARE” MEANS 24-HOUR SUBSTITUTE CARE FOR CHILDREN PLACED AWAY FROM THEIR PARENTS OR GUARDIANS, AS A RESULT OF A COURT ORDER UNDER MCL 712A.2(b), IN PLACEMENTS SUPERVISED BY THE DEPARTMENT OR A PRIVATE CHILD PLACING AGENCY UNDER CONTRACT WITH THE DEPARTMENT FOR FOSTER CARE SERVICES. FOSTER CARE SERVICES INCLUDE SUPERVISION OF PLACEMENTS IN FOSTER FAMILY HOMES, FOSTER FAMILY GROUP HOMES, TREATMENT FOSTER CARE HOMES, INDEPENDENT LIVING, PREADOPTIVE PLACEMENTS AND SUPERVISION OF CHILDREN REUNIFIED WITH THE PARENT THE CHILD LIVED WITH AT THE TIME OF REMOVAL. Additionally, the bill does not reference FY 15 in 4(c). If this section is not amended to include both fiscal years, the result would be that the $3 increase for the admin rate ceases as of October 1, correct? Thanks, Frances

	K	L
	9/17/14 546 (4) is funded in both 2013 PA 59 and 2014 PA 252. So both of these years apply to 546 (4). 9/12/14 Frances Carley: Thank you. That clarifies things. 9/12/14 ABM: Frances, Currently, we pay administrative rates for IL cases as state wards (so through the foster care payments line item.) For counties that opt to run their own separate IL program with the support of private agencies, we do not currently share in the costs for that program under the child care fund. Therefore, with the change suggested, we would be moving 100% county costs to 100% state costs for those youth. If the Senator chooses to pursue that, then the days of care are not included below. Further, I am not sure, again for county wards in county programming where the state has no cost share, how we might get the data to estimate that cost. For treatment foster care, as is the case with other types of foster care supported through the CCF, it would show up in the highlighted rows below. IL would not because of the explanation above. I hope that helps Frances. I will respond to the JJ email shortly. Amanda ====== 9/11/14 Frances Carley: Hi Amanda and Karyn, I sent an email to Kadi regarding the JJ cases and will confirm her response when I receive it. Additionally, we are talking through some of the logistics of the proposed definition change and the removal of independent living and treatment foster care. The House MOU regarding Sec. 589 referenced the administrative rate in general. The intention seemed to have been to include these two items. While HB 5507 4 (d) specifies Sec. 546 (1), this seems to be an oversight. 4(d) might need to retain the IL and treatment FC cases in the new definition. Not to throw a wrench in the works, but it would be better to confirm this sooner rather than later.	9/12/2014
250	Are the independent living and treatment foster care administrative rates included in the original calculations (which I understand to include the 3 highlighted rows	

	M
	09/17/14 I have one technical adjustment to add. Treatment Foster Care is not included under Sec 546 (1). Add to p. 4 line 26 "…department shall pay 100% of the administrative rate for providers of treatment foster care services and foster care services provided in Section 546 (1)…" 9/17/14 As we discussed this afternoon. I have also included the email Mandy requested (I forwarded this to her under a separate email). Group 1 – this is the group we understood to be impacted by the hold harmless provision (section (d)) County Wards - Child Care Fund – Abuse and Neglect Cases Only – Administrative Rates DHS Purchased Services Include: - Standard foster care (in licensed foster homes only) - Treatment foster care - Trial reunification - Administrative rates for placements in relative homes without licensure will not receive an administrative rate Groups 2 and 3: these are the groups we understood to be outside of the hold harmless provision (section (d)) County Wards - Child Care Fund – Abuse and Neglect Cases – Administrative Costs County Paid Services/DHS Does Not Purchase - If provided under approved child care fund plan, state will reimburse the county 50%. - Independent living - Administrative rates for placements in relative homes without licensure will not receive a reimbursement. Child Care Fund – Non-Abuse and Neglect Cases (includes JJ youth that are not dual wards) – Administrative Costs County Paid Services/DHS Does Not Purchase - If provided under approved child care fund plan, state will reimburse the county 50%. - Independent living - Foster care placements outside of state contracts - Administrative rates for placements in relative homes without licensure will not receive a reimbursement. Any and all 100% county funded programs I have not included here. Further any other 50% reimbursement programs (outside of administrative costs) I have not
250	

	A	B	C	D	E	F	G
251	Frances Carley	SFA		DHS AFC Licensing and Senate Approps Hearing	9/10/2014	2014-0910	KF

	H	I
251		

	J
251	Hi Karyn, On Thursday the Appropriations Committee will take up several bills regarding continuing care communities. Would the licensing bureau in DHS be responsible for oversight of the new continuing care communities, which are established in SB 886? If so, does DHS expect any increased costs as a result? Does DHS have any comments regarding the continuing care communities or the exemption of continuing care communities from the prohibition on patient movement across licensure categories that is included in SB 888? • SB 886 (Sen. Moolenaar) Senior citizens; housing; continuing care communities; regulate, and repeal living care disclosure act. • SB 887 (Sen. Schuitmaker) Health facilities; other; rules preventing patient movement across licensure categories; exempt continuing care communities from. • SB 888 (Sen. Hildenbrand) Human services; adult foster care; rules preventing patient movement across licensure categories; exempt continuing care communities from. • SB 939 (Sen. Nofs) Food; other; exemption from definition of food establishments; eliminate for nursing homes, homes for the aged, and adult foster care facilities. Thank you, Frances

	K	L
251		unknown

	M
251	

	A	B	C	D	E	F	G
252	Kevin Koorstra	HFA		Foster Family and CPA Administrative Rule Revisions	9/11/2014	2014-0911	ABM/RD

	H	I
252		

	J
	Amanda and Ryan, I am drafting a summary of the foster family and child placing agency administrative rule revisions that I am hoping to have published by early next week and I have some (actually many) questions I am hoping you can help answer. Revised definition of foster child: -Does the new definition include or exclude any types of youth when compared to the current definition? - Why are the definitions different between the two rule revisions? - Am I reading the definition correctly if I say that the definition would include delinquent youth who are committed to DHS for care and supervision? And not include delinquent youth who remain committed to the court? CPA caseload ratios: -If my interpretation of the definition of foster child is correct, does that mean that the DHS JJ case workers and private CPA case workers would need to have meet the 15:1 ratio for those delinquent youth committed to DHS in addition to abuse and neglect youth and adoptive youth? -Is the addition of post adoption services to the caseload ratio new? Policy differences between the two rules: Is there any reason why some of the policy language is different between the two rule revisions? Behavioral management, clothing, emergencies, and unusual incident policies are the ones that I have noticed. Additions to 400.9206: -Are DHS and CPAs allowed to ask for these medical, mental, substance use histories? Any HIPPA conflicts? -Are DHS and CPAs allowed to ask for criminal convictions/arrests of minor children, I thought some of those records are sealed by the court? Clothing policy: Why remove the requirement that foster parents provide sufficient clothing? It is in 400.9409, but not in the proposed revisions in 400.9410. Current policy or new: These are the additions/revisions to the current administrative rules that I have noticed, and I believe most of them are codifications of current policy, but I would appreciate your verification on whether these are codifications or new requirements. Both Rule Additions/Revisions: -Firearm policy for foster parents -Collection of religious/spiritual beliefs in foster home certification -Require foster parent for training and American Heart Association/Red Cross certification Foster Family Rule Additions/Revisions: -Have to be legally residing in the United States
252	-Foster parents have to attend orientation again if transferring license to another agency

	K	L
	Thank you. This helps quite a bit. I do have a couple follow ups on request for medical and criminal information: Are these codifications or new policy? Would a foster home applicant be allowed to respond to the request for medical and criminal information by saying "that information is confidential or sealed by the court, so I choose not to provide that information" and still be eligible for a foster home license? Concerning DHS JJ caseworkers: Does DHS have sufficient staff to meet the 15:1 ratio? From: Doll, Ryan (DHS) [mailto:DollR@michigan.gov] Sent: Thursday, September 25, 2014 2:31 PM To: Kevin Koorstra Cc: Bright McClanahan, Amanda (DHS); Dowker, Joann (DHS); Ferrick, Karyn (DHS) Subject: FW: Foster Family and CPA Administrative Rule Revisions Kevin, Responses to your questions regarding the foster family and child placing agency administrative rule revisions are embedded below. Sorry for the delay in our response. Please let me know if you have additional questions or request additional information. Ryan From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Thursday, September 11, 2014 2:53 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: Foster Family and CPA Administrative Rule Revisions Amanda and Ryan, I am drafting a summary of the foster family and child placing agency administrative rule revisions that I am hoping to have published by early next week and I have some (actually many) questions I am hoping you can help answer. Revised definition of foster child: -Does the new definition include or exclude any types of youth when compared to the current definition? The new definition includes children who are placed in the homes of unlicensed relatives when the department has responsibility for the child. It also includes children placed voluntarily into foster homes by parents or guardians.	9/25/2014
252	- Why are the definitions different between the two rule revisions?	

	M
252	Thank you. I know that most of my questions were not budget questions so your shop was not the one holding this request up. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Thursday, September 25, 2014 9:31 AM To: Kevin Koorstra; Doll, Ryan (DHS) Subject: RE: Foster Family and CPA Administrative Rule Revisions Kevin, We have a response ready to go – it is with Legislative services for sign off. We will knock it loose today. Amanda

	A	B	C	D	E	F	G
253	Frances Carley	SFA		Question about JJ youth in foster care	9/12/2014	2014-0912	ABM/Allie Cosgrove

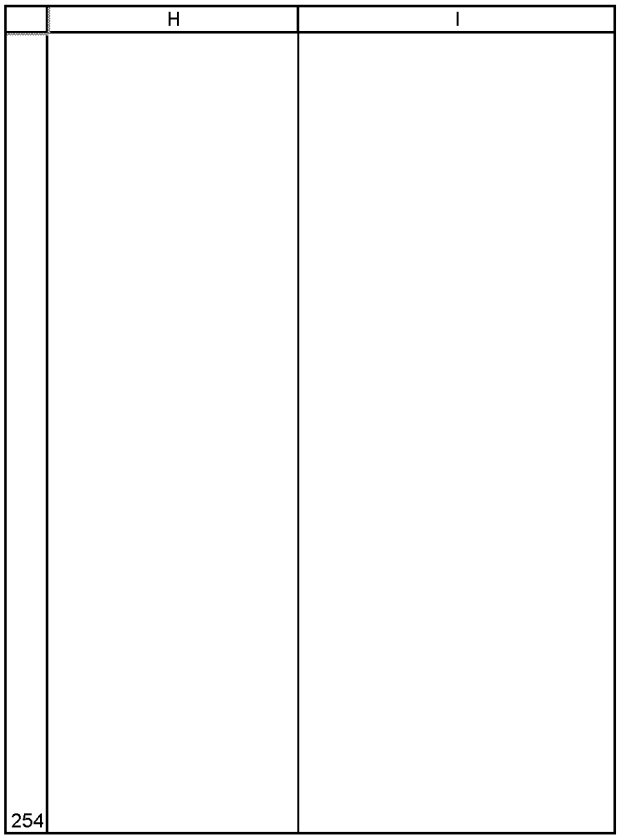
	H	I
253		

	J
	Good morning Frances, I apologize for not responding to you sooner, but the Federation is up north at our annual conference right now. This is a good thing though, as I was able to talk with many of our JJ providers about these questions. JJ youth who are placed in licensed foster family homes are not always dual wards. They would be youth who are in need of services, but not a level of care that would require residential placement. For example, a delinquent youth may have sexually perpetrated on another child in their family of origin, so they cannot remain in home while receiving services that are court ordered, but they do not require a level of care and supervision that a residential setting would offer. The JJ youth often have a much shorter length of stay, than abuse/neglect youth. Does this help? Please let me know if you have any other questions, or anything that we may help you with. Kadi On Sep 11, 2014, at 4:40 PM, Frances Carley <fcarley@senate.michigan.gov> wrote: Hi Kadi, I've been speaking with Kevin about JJ youth who are placed in licensed foster family homes and in community placements. Are these all dual wards? If not, could you please provide some more information and detail about the context and circumstances under which a JJ youth might be placed in foster care and not be considered a dual ward? I'm particularly looking for information regarding placements that receive the $37 ($40) administrative rate. Thanks very much, Frances Kadi Prout Director of Child Welfare Policy, LMSW Michigan Federation for Children and Families
253	320 N. Washington Sq., #100

	K	L
253	9/15/14 Hey guys, I'm out of the office today, but would really like to solve this if at all possible. If u need to discuss anything u can contact me on my cell 517 392 5304. I will also be checking email as well. Thanks, Alisha ========== 9/12/14 Kevin Koorstra: Amanda, I briefly reviewed the CCF handbook over the weekend and I could not find any references saying that counties had to pay 100% for purchased administration services for delinquent youth in either family foster care or an independent living placement. I'm not saying that it isn't there, but can you point me to the correct paragraph or page in the handbook that states this? Thanks, Kevin 9/12/14 ABM: Hi Frances, Let me see if I can clarify this a bit as I think we are talking from two different perspectives. We are looking at this from understanding the services DHS purchases from private agencies for county wards (child care fund supported), rather than all of the services a court may purchase from private agencies that are not supported by the state's cost sharing. When DHS purchases services from private agencies, whether for a state ward or a court ward, we do not purchase services for JJ only youth. DHS caseworkers supervise those youth. If we are purchasing services for a youth with a JJ case, that youth is also an abuse and neglect case as we've discussed. As such, they would be included in the days of care calculations already.	unknown

	M
253	9/15/14 ABM Hi Kevin, We'll get you the information you need. Thanks, Amanda

	A	B	C	D	E	F	G
254	Frances Carley	SFA		Transfer Questions	9/15/2014	2014-0915	ABM/RD/KF


H
I
254

	J
	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, September 19, 2014 3:27 PM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Kevin Koorstra; Brown, Marlon (DTMB); Horn, Daniel (DTMB) Subject: RE: Transfer Questions Hi Amanda, I just received notice that the transfers will be on the agenda in Senate Approps next Wednesday. I'd like to add two questions to the list that I submitted. Hopefully this is it. -Is the Adoption Spt Svc transfer in addition to the request in supplemental 2014-4 for $3.2M ($2.1M GF)? -The year-end overview document that we received a couple of weeks ago included transfers to the Payroll line in transfer packages 1 and 2. Will the total $12.5 million GF/GP for the line be included in transfer package 2? Thank you, Frances ========== Hi Amanda, I'm not sure exactly when these transfers will be taken up, but it could be sooner rather than later. I have a few initial questions and will forward anything else that I receive from the subcommittee. 1. Why is a FIP TANF/GF swap included in the Budgetary Savings transfer since the other lines cover the required $3.5 GF? 2. Should I assume that the smaller Budgetary Savings amounts ($1,200 in DDO and $30k in CSE Ops) count for partial year savings? Do all of these reductions align with the 71 cumulative positions that are listed in the monthly report? a. Correction to the request letter – PA 59 of 2013 not PA 200 of 2013 3. What are the causes for the lapses in the Maxey and JJ Admin lines?
254	4. Request for more information on the CSSM increased costs. The FY 15 budget provided about $0.5M additional for the employment verification, but not printing or

	K	L
254	Hi Frances, We will get all of these back to you as soon as possible. Amanda ========== Hi Amanda, I just received notice that the transfers will be on the agenda in Senate Approps next Wednesday. I'd like to add two questions to the list that I submitted. Hopefully this is it. -Is the Adoption Spt Svc transfer in addition to the request in supplemental 2014-4 for $3.2M ($2.1M GF)? -The year-end overview document that we received a couple of weeks ago included transfers to the Payroll line in transfer packages 1 and 2. Will the total $12.5 million GF/GP for the line be included in transfer package 2? Thank you, Frances	unknown

	M
254	

	A	B	C	D	E	F	G
255	Frances Carley	SFA		HB5507 Technical Questions	9/17/2014	2014-0917	ABM
256	frances Carley	SFA		546 Plan for Residential Rate Increases	9/17/2014	2014-0917-01	ABM
257	Frances Carley	SFA		Erins Law Task Force	9/22/2014	2014-0922	ABM

	H	I
255		
256		
257		

	J
255	Hi Amanda and Karyn, Sorry, but I didn't get a chance to clarify the Treatment Foster Care question. This service is included in the calculations for (d), but is not included in Sec. 546 (1)? Are the IL calculations included in (d)? Otherwise, this is where I understand things are now: -Treatment – not included in (c) -Independent Living – not included in (c) -Relative homes – not included in (c) or (d) -JJ definition – use MCL 712A.2(b) due to the nuances of county CCF claims If the Senator decides to include Treatment FC in (d), would it be sufficient to add to p. 4 line 26 "Department shall pay 100% of the administrative rate for providers of treatment foster care services and foster care services provided in Sec546 (1)…"? Thanks, Frances
256	Hi Amanda, Does the Department have a plan for the $3.7 million to provide increases for residential service providers that could be made available yet? I'm not sure if this level of detail will come up in Approps today. Thanks, Frances
257	Hi Amanda, I've received questions regarding the $30,000 that was appropriated for the Erin's Law Task Force. Could you please provide any detail that's available on the expenditures to date? If the money has not been spent, could you please provide information on the plans for the funding in FY 14 and also FY 15? Thank you, Frances

	K	L
255		unknown
256		unknown
257	Governor Snyder appointed the TF members on June 17, 2014. The TF has met five times since then for full day (9:00am - 3:00pm) meetings. Monthly meetings are scheduled through 2014. TF members are working on all statutorily mandated responsibilities. The TF is operating under the assumption that the Open Meeting Act may apply, and is conducting activities accordingly. A webpage linked to the DHS website provides information including meeting minutes as they are available. http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_69651---,00.html Section (6) of the legislation creating the TF, 2012 PA 593, MCL 722.632b, provides, "The members of the task force shall serve without compensation and shall not be reimbursed for their expenses." HB 4493 would remove that section (6) from the law. HB 4493 passed the House on 2.4.14 and has been sitting in the Senate Committee on Families, Seniors and Human Services since then. TF members have been covering their own travel expenses, including lunch, for all of the meetings to date, pending passage of HB 4493. When the statute passes, we will look to expend the funds as prescribed in section 590 for only travel related expenses. Thank you, Amanda	11/17/2014

	M
255	
256	
257	

	A	B	C	D	E	F	G
258	frances Carley	SFA		HB 4649 SB994	9/22/2014	2014-0922-1	ABM/RD
259	Frances Carley	SFA		HB 975	0924/14	2014-0924	ABM

	H	I
258		
259		

	J
258	Hi Amanda and Karyn, I'm working on analyses for two bills that were taken up in the Families Committee last week. I'm not sure if they will be on the agenda again this week or not. HB 4649 would provide the foster parent bill of rights, and SB 994 would allow the courts to reinstate parental rights under some circumstances. HB 4649 – Does DHS anticipate any costs for the required parental supports, the licensing requirement (45 day time limit, or 90 days with an extension), or any other provision? SB 994 – Does DHS anticipate any fiscal impact as a result of the bill? I've researched other states with similar laws and it seems that reinstatement of parental rights is not very common. Thank you, Frances
259	9/24/14 Frances Carley I gave Senator Caswell's office a heads up. I'm just going to include both sets of numbers in the fiscal note for now – 800 and 139. I think it's generally understood at this point that these bills are still a work in progress, but I can't say that for certain. Has Karyn contacted Senator Caswell or Senator Emmons? That might be the next step. We do need new language to make the distinction between the types of cases, and then Alisha can submit changes to Lorna at LSB anytime. ========== From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Tuesday, September 23, 2014 5:21 PM To: Frances Carley Subject: RE: SB 975 Importance: High Frances, I asked about the issue you raised. The other thing that came to mind is whether the HB 5507 changes will restrict this language enough that it is not a concern except for new cases. I asked Karyn and Angie to clarify if that is the case. I will get back to you right away with the information as I have it. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, July 16, 2014 10:22 AM To: Bright McClanahan, Amanda (DHS); Ferrick, Karyn (DHS) Cc: DHS-BudgetServices; DHS-LegislativeServices (DHS); Doll, Ryan (DHS) Subject: RE: SB 975 Thank you. Could you please also provide information on how the $940k will be covered? I apologize, but I don't recall if the Council or DHS ever discussed a decision on how to proceed with these payments. Would some or all of the costs fall under the $5 million increase that is provided in HB 5507? Is DHS considering any plans to offset the costs with reductions? Thanks!

	K	L
258	Hi Frances, We are currently not anticipating any costs associated with either of these proposed bills. Thank you, Amanda	9/29/2014
259	Thanks. Just to confirm, the $6.5 million is the total cost? Or is it the additional cost to the state for the standard $37 rate for 365 days, plus some of the extra residential and other costs that we discussed? From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Wednesday, September 24, 2014 11:58 AM To: Frances Carley Subject: RE: SB 975 Importance: High Frances, We confirmed numbers for you. The rough number I gave you was including cases that should not be counted. Here is the total we have: 446 cases, or a total state GF cost under the bill as written of $6.5 million. Thank you, Amanda	9/24/2014

	M
258	
259	

	A	B	C	D	E	F	G
260	Frances Carley	SFA		Families First Audit Corrective Plan	9/26/2014	2014-0926	ABM/RD
261	Frances Carley	SFA		SB 1086 Companion to SB 975	9/26/2014	2014-0926-1	ABM/RD
262	frances Carley	SFA		Year End Legislative Transfers	10/2/2014	2014-1002	ABM/RD

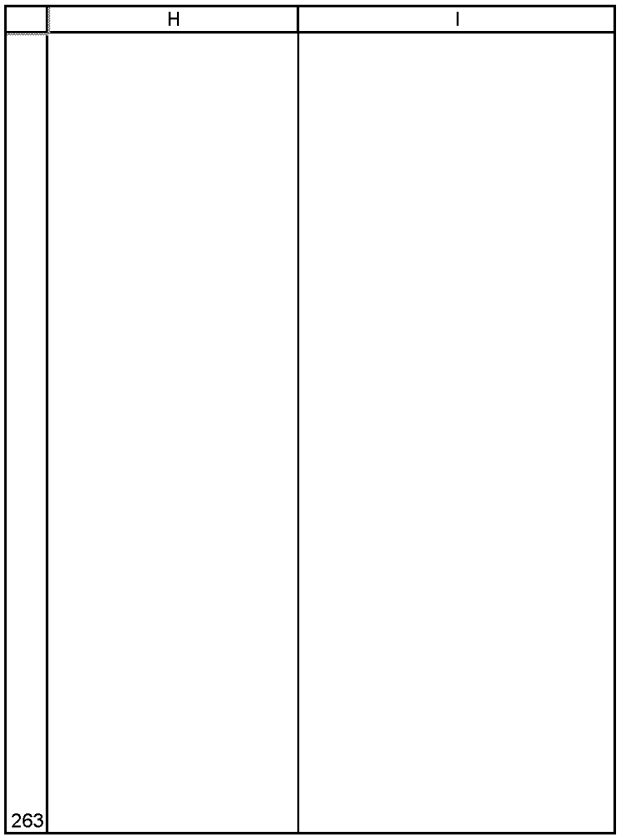
	H	I
260		
261		
262		

	J
260	Good morning, I received a request for the Department's corrective action plan for the Families First audit, which was reported in March 2014. Is the plan available yet? Thank you, Frances
261	Hi Amanda, I'm working on the analysis for SB 1086 and am wondering if the Department has an estimate for the SWBC cases that would transfer from DHS to the privates and would receive the new administrative rate (for residential, out-of-state placements, etc). I know that the administrative rate is not part of the 50% county share for current SWBC cases. I would like to estimate, however, the number of cases that will receive the new version of the admin rate in Kent County. Should I assume that the SWBC cases are not already included in the 139 cases that are described in the analysis for SB 975, or does this number include the SWBC cases too? If the Department doesn't have the specific number of SWBC cases, I can just find a way to word it so that it works. Thanks, Frances
262	Hi Amanda, Could you please confirm whether the year-end transfer adjustments for 12080 will change from what was included in the year-end proposal document ($6.8 million Gross and $12.5 million GF/GP)? Thanks, Frances

	K	L
260	Frances, The Families First Audit Corrective Action Plan is available on the Auditor General's website. I have included a link below for your convenience. http://www.audgen.michigan.gov/finalpdfs/rsap/13_14/ap431278413.pdf Thanks, Ryan	9/29/2014
261	Hi Frances, I confirmed with the program area that the 139 total cases included the SWB&C as well. I apologize for the confusion. I don't have a separate breakout of those cases readily available. Thank you, Amanda	9/29/2014
262	They may depending on final spending and federal claiming. We are still completing year end analyses. It will not be a massive swing though. Amanda Sent from my iPad	10/3/2014

	M
260	RD responded on 9/29/14
261	9/29/14 FC:Thanks. Do you possibly have a rough estimate that I could use? If not, that's ok. I can figure something out.
262	

	A	B	C	D	E	F	G
263	Frances Carley	SFA		Note Heat and Eat	10/15/2014	2014-1015	ABM

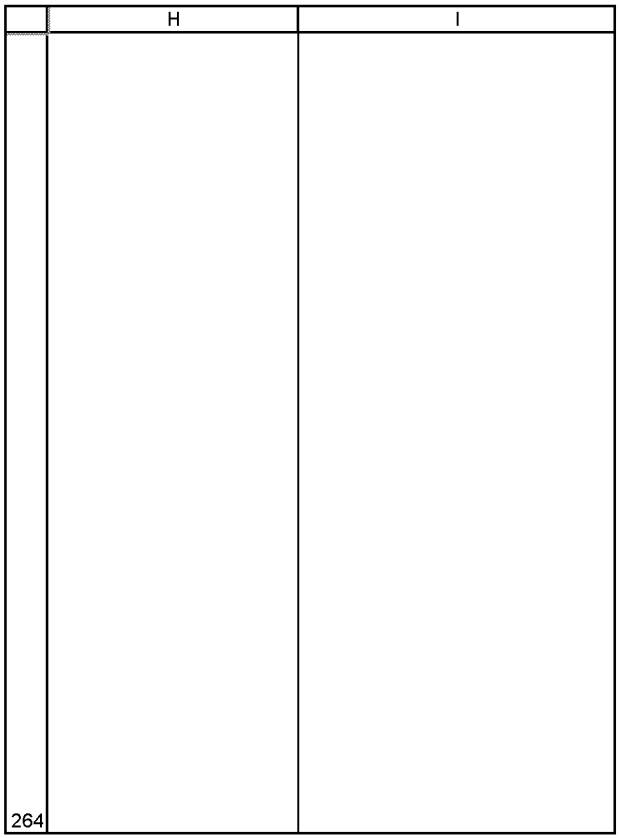

H
I
263

	J
263	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, October 15, 2014 9:59 AM To: Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); DHS-BudgetServices Subject: Notes Article - Heat and Eat program Hi Amanda, I'm working on a Notes Article on the Heat and Eat policy and would like to run a few things by you. I'd like to make sure that I have the correct numbers, and that I'm not missing any significant factor in the calculations. Based on the talking points from March (attached), it would have cost at least $20.0 million to continue the program (16% of the LIHEAP grant). The data from Deloitte, however, led me to some different conclusions, which are listed below. Would it be accurate to say that the $20M figure was an early estimate, and that the projected impact has been revised as more data became available? These are the calculations based on the Deloitte report: -It would cost $3.3 million to provide 159,000 cases (18.2%) with a $21 payment. Or $8.9 million to retain Heat and Eat as it was previously implemented, i.e. providing appx 425,000 households with $21 (or even $21 million based on some of the past LIHEAP spending plans that had allocated $1M) -Approximately 159,000 cases will see a reduction of $76.73 per month -This translates to a reduction of $146.4 million in SNAP funding annually Also, the fact sheet includes a note that DHS is expecting a $50 million cut in LIHEAP in FY 15. Should I assume this is from the enacted budget ($175M) or the actual amount of the FY 14 block grant ($164M)? The report is attached. We will be working on edits for the rest of the week and possibly into early next week before it gets posted. I'll try giving you a call later today to talk through some of the calculations and assumptions. Thank you! Frances

	K	L
	Frances, Please see the additional information on our comments below. 1. I looked back at the discussions on this issue (I have some old emails), and it looks like the initial proposal was made in November 2009, but it was not implemented until March 2010. I think that is where the confusion is probably coming in on the dates. 2. 18.2% of the cases are estimated to be impacted. I think our comments were intended to clarify that not "all 18.2% of the households would see their benefits reduced by the end of October." The 18.2% of the households will be impacted on a rolling basis. Also, for the grandfathered cases who were eligible under federal law to receive the 5 month extension – these cases (including most of the 18.2% above) will not be impacted until the November benefit period at the earliest because of the requirements for notification of negative case action for impacted cases. 3. Yes, it is accurate to state that the SUA does simplify the process of determining FAP benefits. I think our comments were meant to clarify our concern that the report implied that the SUA was the sole determining factor in whether or not FAP clients received the maximum amount of monthly FAP benefits. There are other qualifying factors. It should be noted that 81.8% of FAP households will still have the full SUA used in their FAP budgets even under this change. 4. I think we need to clarify a few pieces of terminology and then provide some additional information on our position for context. (a) In the Agricultural Act of 2014, where it says "household" it refers to the definition in 7 USC 2012 . This statutory definition identifies a "household" as equivalent to the FAP group or case. As an example of this: a single residence may consist of two roommates who do not purchase and prepare food together and are not mandatory group members under the FAP regulations. Under the FAP definition, if both roommates received food assistance, there would be 2 separate "households" at one residence. In our comments, we are assuming a household is equivalent to a case, even if there are several cases to one residence. (b) Under the $1 LIHEAP program, DHS found that only half of the households (cases) used the $1 LIHEAP payment and that is why only around $450,000 was allotted in the budget even though there were still around 850,000-900,000 households or cases during this time. (The first year, we assumed all households would use the $1 LIHEAP and allotted about $1 million to the program; the budget was only reduced in later years after we had sufficient data to do so.) (c) There is a pretty substantial difference in terms of household budgeting between the $1 and $21 LIHEAP proposals. We assumed that many of the households who did not use the $1 LIHEAP would likely use the $21 LIHEAP because of the significant difference in benefit. (d) Each of the 874,669 FAP cases or households in March 2014 would have received $21 in LIHEAP money (which means that Michigan would have to make sure that it had $18,368,049 for all FAP cases/households). If the $21 LIHEAP had been implemented, and if DHS had seen that only half of the FAP households would have used the $21 LIHEAP allotment in the first year, then DHS could budget differently for that in the subsequent years. However, because the $21 LIHEAP was new and it was estimated that most FAP households would use $21 LIHEAP dollars, DHS would have to allot the full amount (which was between $18 and $18.5 million) until it was otherwise known that we could budget another amount. (e) Section 2602 of the LIHEAP Act of 1981, 42 USC 8621 – gives the HHS secretary the authority to make grants to States in order to "assist low-income	11/5/2014
263		

	M
	For household – the link below provides the definition under the federal code (7 USC 2012(n)) – see subsection (n) for the definition: http://www.gpo.gov/fdsys/pkg/USCODE-2010-title7/pdf/USCODE-2010-title7-chap51-sec2012.pdf To further explain the household concept – please see the code of federal regulations at 7 CFR 273.1 or the link below: http://www.gpo.gov/fdsys/pkg/CFR-2011-title7-vol4/pdf/CFR-2011-title7-vol4-sec273-1.pdf Here you go Frances. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Tuesday, November 04, 2014 8:33 AM To: Bright McClanahan, Amanda (DHS) Cc: Doll, Ryan (DHS); Dowker, Joann (DHS); DHS-BudgetServices Subject: RE: Notes Article - Heat and Eat program Hi Amanda. Have you received the FNS guidelines yet? I'd really like to include the reference in my article. We're almost through the editing process and could post it as soon as tomorrow or Thursday morning. Thanks! From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, October 31, 2014 11:32 AM To: Frances Carley Cc: Doll, Ryan (DHS); Dowker, Joann (DHS); DHS-BudgetServices Subject: RE: Notes Article - Heat and Eat program We will forward the citation – thanks Frances. From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, October 31, 2014 11:30 AM To: Bright McClanahan, Amanda (DHS)
263	Cc: Doll, Ryan (DHS); Dowker, Joann (DHS); DHS-BudgetServices

	A	B	C	D	E	F	G
264	Frances Carley	SFA		Transfer Questions	11/4/2014	2014-1104	ABM


H
I
264

	J
264	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Tuesday, November 04, 2014 4:48 PM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Viola Wild (vwild@house.mi.gov); Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: FW: Transfer Questions Hi Amanda, Viola and I have consolidated our questions about the transfers that are itemized in the draft document. They're listed below. It's possible that we might have some additional questions once the official request goes out. 1. Payroll Taxes Line: • Does DHS still plan to utilize the TANF to CCDF Transfer and Healthy MI Plan spending claims in the line? If so, is the funding the same as what was proposed a few months ago? • Will the FY 16 Governor's budget correct the fund sourcing and Gross funding of the benefit payments? • We were given a line item shortfall amount of $28.7 million in September. Has this amount changed? Can we get a crosswalk/detailed explanation of how the $28.7 M shortfall in Payroll Taxes line item is financed in this transfer? Can you identify in the crosswalk the separate transfer pieces that help fund the shortfall? • The Transfer shows $17.3 M additional funding increase overall for this line and $6.75 M reduction for a net increase of $10.5 M. Will this increase plus the fed/GF funding adjustments finance the $28.7 M shortfall. Does this mean that the line item only need $10.5 million additional authorization to remedy the shortfall? 2. Deliverable Fuels: • How many total payments were made from the funding that was provided in the supplemental? • How many applications for deliverables were denied during the eligibility window? • How did the restrictions on the funding (and other restrictions that had been applied to LIHEAP eligibility in the past year or two) impact the number of eligible cases? I noticed that the average caseload for deliverables is about 2/3 of what is was in the two years prior. 3. Could you please explain the transfer of Federal authorization to the Rent line that is expected to lapse? It's not clear why the authorization is needed. 4. What are the Exec Ops CSSM costs that can't be funded with Federal funding? 5. Why is more GF needed in the IT line? Are these costs related to SACWIS implementation, the number of outstanding BRIDGES tickets, new interfaces, or another project?

	K	L
264	11/14/14 ABM: Hi Frances, Final responses if they are still required. 2. Deliverable Fuels: • How many total payments were made from the funding that was provided in the supplemental? Approximately 300. • How many applications for deliverables were denied during the eligibility window? 59 formal denials; however, if initial screening indicated the client was not eligible, many did not subsequently submit an application. • How did the restrictions on the funding (and other restrictions that had been applied to LIHEAP eligibility in the past year or two) impact the number of eligible cases? I noticed that the average caseload for deliverables is about 2/3 of what is was in the two years prior. We have no formal data, but some community action agencies indicated through discussions about this issue that the deliverable fuels crisis funds were difficult to disburse because of the limited time frame and the income eligibility requirements. For example, individuals that could have used the funds did not make enough money to qualify for them. Further, with the short time frame and the prohibition on any of these funds being used to support administrative efforts, it was difficult for agencies to conduct significant outreach to maximize the reach of these benefits. The department did not do a formal survey by any means – this is simply anecdotal from the CAAs. Thank you an please let me know if you need anything further. Amanda Could I please add a couple of questions on the final version of the package? How many Donated Funds positions were hired in FY 14? How many are projected for FY 15? Thanks. From: Frances Carley Sent: Wednesday, November 05, 2014 11:12 AM To: 'Bright McClanahan, Amanda (DHS)' Cc: DHS-BudgetServices; Doll, Ryan (DHS); Viola Wild (vwild@house.mi.gov); Horn, Daniel (DTMB); Brown, Marlon (DTMB) Subject: RE: Transfer Questions Yes, Friday would be good. Thanks!	11/14/2014

	M
	Thank you. This is helpful. We might have some additional questions by Monday once the members have received the transfer packages. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Friday, November 07, 2014 3:11 PM To: Frances Carley; Viola Wild (vwild@house.mi.gov) Cc: DHS-BudgetServices; Doll, Ryan (DHS); Horn, Daniel (DTMB); Brown, Marlon (DTMB); Alisha Cottrell; Ferrick, Karyn (DHS); Kangas, Susan (DHS); mbolter@house.mi.gov Subject: RE: Transfer Questions Frances, Viola, Please see the information below in response to your questions. I will send more information on the deliverable fuels items as soon as I receive it. Thank you and please let me know if you need any additional information. Amanda 1. Payroll Taxes Line: • Does DHS still plan to utilize the TANF to CCDF Transfer and Healthy MI Plan spending claims in the line? If so, is the funding the same as what was proposed a few months ago? The department identified $13.2 million gross, and $2.8 million general fund in Healthy MI Plan related spending; this is consistent with the information shared previously. The TANF to CCDF transfer is projected to be slightly smaller at around $12 million total, rather than the $13 million originally discussed, for the entire department. The transfer is spread across the lines where eligible spending has occurred; it is not completely in the Payroll taxes line item. However, where the transfer freed up additional general fund, we have worked to use that GF as a transfer source. See more information below. • Will the FY 16 Governor's budget correct the fund sourcing and Gross funding of the benefit payments? While I do not know what the final 2016 Governor's budget will include, it was the department's intent with its budget request for 2016 to address the underlying funding issues with this line item. • We were given a line item shortfall amount of $28.7 million in September. Has this amount changed? Can we get a crosswalk/detailed explanation of how the $28.7 M shortfall in Payroll Taxes line item is financed in this transfer? Can you identify in the crosswalk the separate transfer pieces that help fund the shortfall? Please see the attached information. The general fund shortfall overall is smaller than what we shared earlier this year. Two changes in the way I reflected the information for simplicity: (1) I have reflected the total projected shortfall assuming that the proposed gross supplemental was withdrawn (the former version included this as a separate adjustment); I have also reflected the funding source adjustment included in the supplemental separately. (2) The proposed TANF to CCDF transfer is assumed to be spread a little differently throughout the budget, accounting for some of the GF availability to transfer to the fringe line item (e.g. from local office salaries and wages). This was really a matter of how the claims are projected to ultimately fall out. • The Transfer shows $17.3 M additional funding increase overall for this line and $6.75 M reduction for a net increase of $10.5 M. Will this increase plus the fed/GF funding adjustments finance the $28.7 M shortfall. Does this mean that the line item only need $10.5 million additional authorization to remedy the shortfall?
264	See information below. There is a slight over-solving in the line item simply because of all of the transfer sources throughout the budget and ease of adjustments

	A	B	C	D	E	F	G
265	Kevin Koorstra	HFA		Transfer Questions	11/5/2013	2014-1105	ABM/RD

	H	I
265		

	J
265	Amanda, I am following up on the status of these pending information requests. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Tuesday, November 5, 2013 12:15 PM To: Kevin Koorstra; Frances Carley (fcarley@senate.michigan.gov) Cc: Ferrick, Karyn (DHS); Kangas, Susan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Doll, Ryan (DHS); DHS-BudgetServices; Gehm, Paul (DHS) Subject: Transfer Questions Kevin, Frances, Thank you for meeting with us this morning to discuss your transfer questions. I have summarized our discussion below and would like confirmation that we addressed all of these issues. I have indicated information requests pending where appropriate. Transfer Questions – Year-End Package November 5, 2013 1. How many FTEs were hired in FY 13? What is the current compliance rate for the settlement ratio? a. Total headcount has averaged between 535 and 545 all year in total FTEs. There were 64 promotions and 3 new hires during the year. b. The most recent compliance rate was shared earlier from July data. October data is not yet available. 2. Fringes transfers –Did DHS/SBO know at time of the April transfer request that the state could not claim the $40+ million in other federal revenues added to the fringes line? a. We discussed that DHS based the transfer request on the best information available at the time for fund sourcing and indicated in the spring DHS would likely have to return later in the year for fund sourcing adjustments throughout the budget. b. We discussed a number of factors impacting the department's TANF utilization and federal cost allocation. In particular, TANF utilization is based on many factors, including TANF MOE needs and cost allocation spreads. In particular, it is difficult to predict quarter over quarter changes in FFP and what sources are ultimately to be used to fund source an item. This is due not only to changes in the random moment time study results quarter over quarter, but also due to capped funding sources. c. We discussed federal funding changes across the department from one projection period to another, emphasizing that the first quarter analysis the April transfer was based on is not as reliable as those later in the year. 3. ESLOA transfers – why is there a significant lapse in this line? Are counties offices not spending their allocations? Were there programmatic changes? Fewer applications? related to DHS' budgetary savings plan?

	K	L
	Kevin, I gave both you and Frances hard copies of the Payroll taxes and fringe benefits information at the transfer hearings. Susan has forwarded the CAP information. Here is the remaining information – Information on the CSBG grant – grant year vs. fiscal year. Grant Year 2011 Grant Year 2012 Grant Year 2013 FY 2011 9,325,820.00 FY 2012 15,601,968.00 522,441.00 FY2013 24,318,986.00 4,470,758.00 Totals $ 24,927,788.00 $ 24,841,427.00 $ 4,470,758.00 Information on the Wayne Metro CAA Wayne Metro received a contract to provide services to help low-income people in the City of Detroit to become or to work towards becoming self-sufficient. The City of Detroit Department of Human Services was the Community Action Agency for the City of Detroit. Their contract ended on March 31, 2013. Ninety percent of the Community Services Block Grant (CSBG) formula based funding is passed through to the Community Action Agencies in the state of Michigan. The City of Detroit service area has the highest number of low-income people in the state. Typically, this service region receives between $5 to $7 million dollars annually. In 2014, Wayne Metro – Detroit Division received a CSBG grant totaling $5,262,949. Wayne Metro is quickly establishing a presence in the City of Detroit. With only 7 months of funding, they have accomplished many things from hiring and training staff to establishing a call center. As of September 16, 2013, the call center received 3,832 new callers. The reasons for the calls include the following: - 61% Detroit Rent and Utility Assistance - 7% Homeless Prevention - 4% Weatherization FY2014 Funding Summary: Currently, Wayne Metro – Detroit Division is in a start-up phase. The prior CAA, the City of Detroit Health and Human Services (DDHS), annually underspent their	12/6/2013
265	CSBG contract by $1.7 to $2.5 million. The Bureau does not anticipate a similar spending pattern. Wayne Metro historically spends their entire grant allocation each	

	M
265	file located in S:\BUDGET\Tracking Logs\Files under #2014-1105

	A	B	C	D	E	F	G
266	Frances Carley	SFA		Questions on House Bills for Wednesday Families Hearing	11/10/2014	2014-1110	ABM
267	Kevin Koorstra	HFA		HB 5012-5026	11/12/2013	2014-1112	ABM/RD

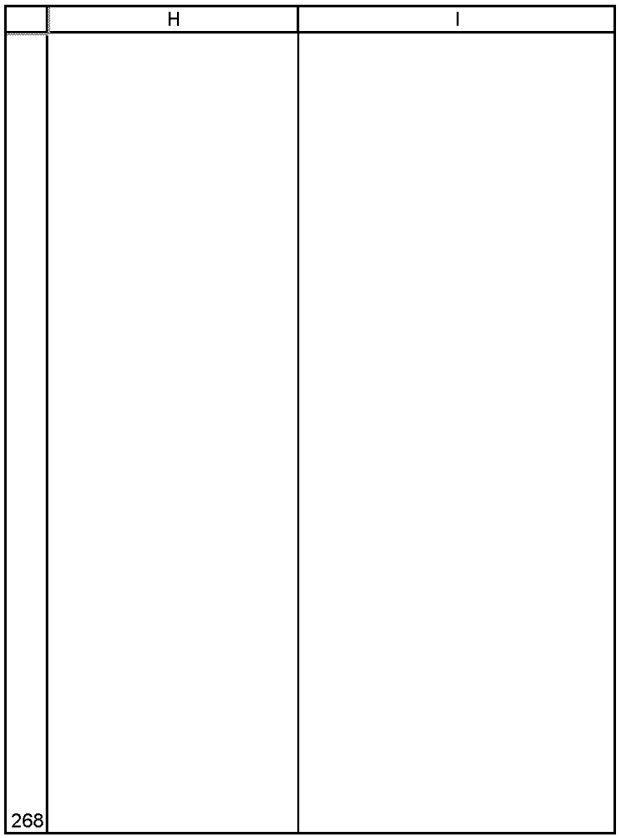
	H	I
266		
267		

	J
266	Hi Kevin, Hi Amanda, I received a few of the house bills that will be taken up in Senate Families on Wednesday. If you have any background on the following bills, I'd appreciate it. HB 5444 – Fostering Futures Scholarship • Do you have any information on the previous trust fund or the foster care board? • How much funding did the other trust receive and distribute? • Will these items move to another area of statute or are they not being used? HB 5341 – requires a court order to open the records of assistance applicants • Does DHS expect any fiscal impact? • How many records are currently made available each year? Is this an issue? HB 5338 - requires a court order to open child abuse records • Does DHS expect any fiscal impact? HB 4855 – recoupment and lottery winnings • How many cases currently have debts to DHS? What is the total debt? What is the average debt? • How many payments are recouped on an annual basis? • Does DHS have an estimate on the fiscal impact of this bill? 5745 – guardianship assistance • Does DHS expect any fiscal impact? Thank you, Frances
267	Amanda and Ryan, I was asked to provide a fiscal impact for HB 5012 and 5026, which are part of the House's Human Trafficking bill package. Is it fair to say that there could be increased costs to the counties through their child care fund? DHS is the lead agency on either of these bills, but I believe DHS has been quite active in working on the that Human Trafficking Report that just came out. Kevin

	K	L
266	Frances, responses are coming on more of these. But for 5745, no fiscal impact anticipated.	unknown
267	Hi Kevin, I agree with your interpretation. Amanda 12/05/2013 Amanda, I am following up on this request. These two bills are on the House's Agenda for this week, so I would like DHS verification that my interpretation is accurate.	12/6/2013

	M
266	
267	

	A	B	C	D	E	F	G
268	Frances Carley	SFA		Senate DHS Appropriations questions	11/15/2013	2014-1115	ABM/RD/P. Gehm/KF

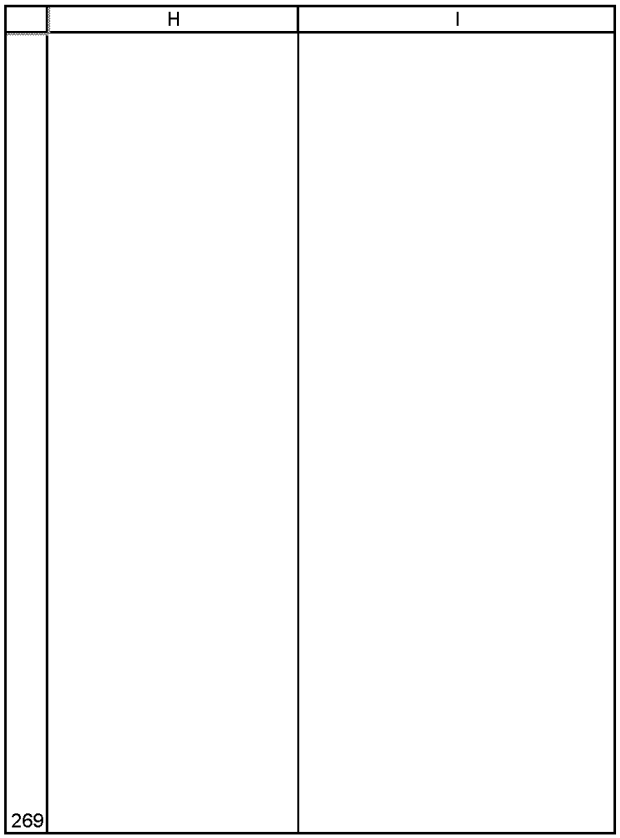

H
I
268

	J
	Paul, I'm forwarding the requests for information that came out of the MRT hearing on Tuesday Nov 12th. I've also included the outstanding questions on the MRS hearing. MRT Hearing – 11/12 1. Of the 51,000 SDA cases that are reviewed each year, how many are approved and why? What are top reasons for approval? Provide a chart with cases allowed, denied, deferred and the reasons for each. 2. Request for data on backlogged Medicaid costs for MRTs for the 10 biggest hospitals in state 3. Provide a savings estimate for implementing the Lean process 3 recommendations: MRT specialization, Improving the MRT process, and Incorporating MRT into DDS. MRS Hearing – 10/22 1. Specifics about all of the reductions - efficiencies with rent, other administrative overhead, staffing, everything. Would like all detail in written report. 2. How is money saved being reinvested and spent on services for people in program? How has the money shifted? How are these services impacting the customer? What do they have today that they didn't two years ago? 3. Number of cases and cases per worker; what are upcoming year projections? 4. Monthly report on work success rate 5. Vehicle purchases: type of cars and costs 6. What are all of the things we buy for people? Would like a list. Some are unusual and we wouldn't ask for it back, but some items could be returned to MRS. 7. What are the missing receipts for? For those items that are not documented, are they smaller or larger purchases? This is great improvement, but want to stay on track. Want more in-depth report on stats. Thanks, Frances From: Gehm, Paul (DHS) [mailto:GehmP@michigan.gov] Sent: Friday, November 01, 2013 12:51 PM To: Frances Carley Subject: Senate DHS Appropriations: MRS Hearing Oct. 22 Frances,
268	

	K	L
	Thank you, Paul. I realized that there were also a few questions from the 12/10 hearing. 1. Regarding the victimization rate (about 90% of cases are neglect), what are all of the categories of abuse/neglect. Please also include the number of cases in each category. 2. Regarding the victimization of young children ages 0-5, is there any evidence that these are young parents? Please provide the Federal incident study, as well as any state data that could provide a thorough picture of these families. 3. Please provide the stats on 2-parent and single parent families for substantiated claims, and the category of abuse. Thanks, Frances From: Gehm, Paul (DHS) [mailto:GehmP@michigan.gov] Sent: Friday, December 13, 2013 4:42 PM To: Frances Carley; Alisha Cottrell Cc: Ferrick, Karyn (DHS); Bright McClanahan, Amanda (DHS); Kangas, Susan (DHS); Doll, Ryan (DHS) Subject: RE: FW: Senate DHS Appropriations questions My apologies, the attachment didn't send. Here it is. Paul G. ======= Frances, There were two other inquiries from the MRS hearing (items 6 and 7 below).	12/16/2013
268	6) Please see the attached document for a list of goods/services purchased	

	M
268	Continuation of 2013-1022

	A	B	C	D	E	F	G
269	Frances Carley	SFA		Psychotropic Drug Contracts & JJ Behavioral Study	11/22/2013	2014-1122	ABM RD KF

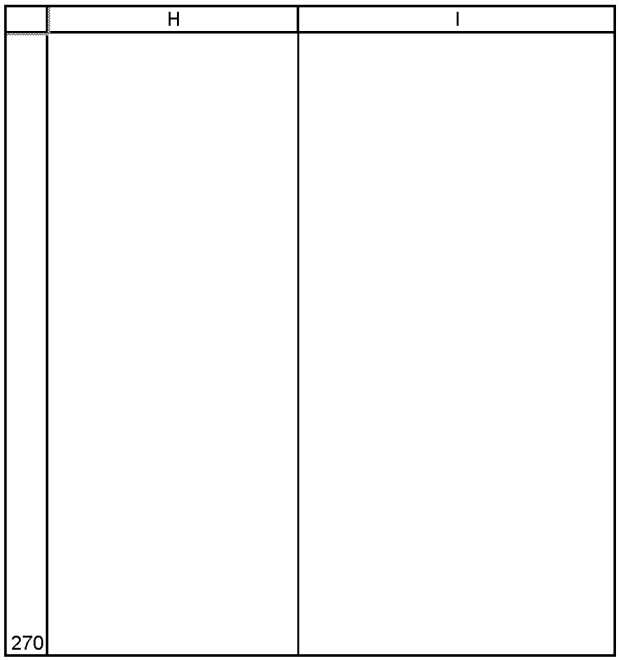

H
I
269

	J
269	Amanda, Could you please confirm why the FY 14 spending plan for the Psychotropic Drug Contracts will use only a portion of the funding that has been appropriated ($1,118,200 Gross)? My understanding is that it's a new program and DHS overestimated the first full-year costs. Did the original budget include some items that were unnecessary or not feasible at this stage? Would you provide the original budget estimate for the program for comparison? Does DHS believe that the spending in FY 15 be closer to the current appropriation? If so, please list the additional costs. FY14 Spend Plan: $ 106,500 I/A GF Match for DCH position $ 292,600 I/A GF Match for Psychotropic Reviewer contracted services $ 16,000 CSS&M/Travel (50%/50%) $415,100 TOTAL ($407,100 GF/$8,000 Federal) Could you please also provide a status update on the JJ Behavioral and Health Study? In August, I received the following update from DHS: OCP received approval from DTMB to solicit vendors outside of Bid4Michigan to provide the services. On 7/8/13 the RFP was distributed to University of Michigan-Ann Arbor, Grand Valley State University, Western Michigan University, and Michigan State University. Only one bid was received, submitted from UofM Ann Arbor on 7/25/13. That proposal is scheduled to be formally rated on Monday, August 12th. Thank you, Frances

	K	L
269	Hi Frances, As you know, the Governor's recommendation for 2015 is still being developed, so I am unable to comment on 2015 spending projections for the psychotropic drug oversight line item at this time because that process is ongoing. When this line was originally appropriated, the funding was derived from the requirements for a second needs assessment under the original settlement agreement with Children's Rights. Within that agreement, the state was required to appropriate $4 million directed to areas identified by the monitors as requiring additional state investment through a second needs assessment. In FY2013, with the re-negotiation of the agreement, those funds were instead allocated to purposes identified in the first needs assessment, as required in the MSA. The estimate at that time was based on the best information we had as to how much a comprehensive psychotropic review process would cost. Further, it assumed that both the GF and the federal match for these services would be housed within DHS. The 2014 spending plan is accurate and will remain within the total amount of general fund available for this purpose in the line item. It is based on an expansion of the a partnership with DCH to use Medicaid data to match against the department's foster care caseloads to document and review psychotropic drug use. As you can see from the information below, the federal match is actually being drawn down and spent in the DCH budget in 2014, rather than in the DHS budget. This is for administrative ease as the contractor and staffing are being provided by DCH for this purpose. Further, DCH has sufficient authorization for 2014 to reflect the federal spending. Total spending on these services is projected at about $800,000 (assuming a 50/50 match rate). The spending plan we submitted just includes our match portion. On the JJ study: Dr. Joseph Ryan at UM is heading the study. Currently, the project is pending before the UM Institutional Review Board to ensure it meets human subjects and privacy protections required by the university and the department to carry out the project. I will send further updates as I have them on the progress of the project. Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, November 22, 2013 10:28 AM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Alisha Cottrell; Doll, Ryan (DHS) Subject: Psychotropic Drug Contracts & JJ Behavioral Study	12/9/2013

	M
269	12/3/13 Hi Amanda, I was wondering if you had any follow up information to Frances' inquiry? Thanks! Alisha Alisha Cottrell Office of Senator Bruce Caswell Phone: (517) 373-0557 Email: ACottrell@senate.michigan.gov

	A	B	C	D	E	F	G
270	Frances Carley	Senator Caswell		ECHO	11/22/2013	2014-1122-1	ABM/RD/KF


H
I
270

	J
270	Amanda, Senator Caswell would like some information on the ECHO – Enhancing Community Health Outreach Work Project. This project has a $1.9 million carry forward amount and its first AY of project was 2010. I provided him with a copy of the work project implementation plan, but the plan does not include an evaluation component. He would like to know the measures for defining ECHO as a successful program. Thank you, Frances

	K	L
270	Hi Frances, Here are the evaluation measures for ECHO. Thank you, Amanda	12/12/2013

	M
	12/5/13 Sent to Bill Hardiman: Bill, Can you provide me some additional information to respond to the Senate Fiscal Agency request identified below on ECHO? Thank you, Amanda From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, November 22, 2013 2:26 PM To: Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Alisha Cottrell; Doll, Ryan (DHS) Subject: ECHO Amanda, Senator Caswell would like some information on the ECHO – Enhancing Community Health Outreach Work Project. This project has a $1.9 million carry forward amount and its first AY of project was 2010. I provided him with a copy of the work project implementation plan, but the plan does not include an evaluation component. He would like to know the measures for defining ECHO as a successful program. Thank you, Frances
270	

	A	B	C	D	E	F	G
271	Kevin Koorstra	HFA		Yearly Information Request	11/26/2013	2014-1126	ABM/RD

	H	I
271		

	J
271	Amanda and Ryan, I am working on my annual PowerPoint Budget Briefing and I needs the following information that you have provided in the past years. -FY 2013 Deduct Summary -FY 2013 TANF and TANF MOE expenditures (prior year's document is attached) -How much TANF was classified as administrative -FY13 CCF days of care table -FY13 CCF expenditure table (example of prior year's document is attached, the days of care table is formatted the same way) -Updated FC days of care and expenditure table. I have data through August 2012 (example with Req # is attached) -FY13 days of care at the 3 JJ facilities NEW: How much did the state receive is child support incentive funds? Thanks, Kevin

	K	L
	Perfect. Thank you.	1/9/2014
	From: Doll, Ryan (DHS) [mailto:DollR@michigan.gov] Sent: Thursday, January 9, 2014 4:42 PM To: Kevin Koorstra; Bright McClanahan, Amanda (DHS) Subject: RE: Yearly information request	
	Kevin,	
	I believe all of the requested information is attached.	
	• The department has not received an official award notice for child support incentives but is anticipating $25.2M. • $64M in TANF was classified as administrative. • A revised deduct summary including book closing adjustment will follow once complete.	
	The TandSep13.xlsx attachment is password protected, the password is TANF13.	
	Please let me know if you have questions.	
	Thanks, Ryan	
	From: Kevin Koorstra [mailto:kkoorstra@house.mi.gov] Sent: Tuesday, November 26, 2013 3:43 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Subject: Yearly information request	
	Amanda and Ryan,	
	I am working on my annual PowerPoint Budget Briefing and I needs the following information that you have provided in the past years. -FY 2013 Deduct Summary	
271	-FY 2013 TANF and TANF MOE expenditures (prior year's document is attached)	

	M
271	

	A	B	C	D	E	F	G
272	Frances Carley	SFA		Home Help Audit follow-up	11/26/2014	2014-1126	ABM J Dowker

	H	I
272		

	J
272	Good morning, I've received several questions regarding the subcommittee hearing on the Home Help audit that I wasn't able to answer through my own research. Most of the questions are regarding the registry. 1) In terms of Nexus – what is the scope of the background check performed? Is this through the FBI system? If not what system is used and how extensive is the background check? Also, when were these implemented for workers and did it capture established workers. Is this for all health care workers or only those via Medicaid? Any details would be appreciated. 2) Is the department/departments paying for these background checks? What is the cost (per background check and total to the program if applicable). Do they do the checks on individuals employed by home care agencies that may have already performed one? 3) What are the requirements to the registry that was mentioned? What will happen to existing caregiver/client relationships if someone is ineligible for the registry? 4)How many providers do we have/anticipate on the registry? Is this based on individuals or agencies that provide care? Does the department believe this is sufficient supply? 5) Are there any training requirements to be on the registry? Any qualification requirements? 6) Are there any current private sector registries within the industry with similar qualifications/requirements that we could base the Department registry off of? Thank you! Frances

	K	L
272	Joann, Can you please run these down? Thank you, Amanda	unknown

	M
272	

	A	B	C	D	E	F	G
273	Chuck Overbey	SBO		Sec 589	12/2/2013	2014-1202	ABM/SK/RD
274	Frances Carley	SFA		HB 4893	12/3/2013	2014-1203	ABM/SK/RD

	H	I
273		
274		

	J
273	I agree with the analysis. I had estimated $2 million during the Sec. 589 negotiations. From: Overbey, Charles (DTMB) [mailto:overbeyc@michigan.gov] Sent: Monday, December 2, 2013 4:47 PM To: Carley, Frances (FCarley@senate.mi.gov); Kevin Koorstra Cc: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: Section 589 Cost Estimates Fiscal Agency Partners---Shown below are DHS cost estimates to implement the agreement on boilerplate section 589 for FY 2014. As you can see, their estimate is $2.2 million Gross and GF. We support these cost estimates and recommend an amount of $2.5 million Gross and GF for the supplemental to take into account possible caseload increases and imprecision in the analysis. This issue will be discussed tomorrow afternoon at 1:00 as part of negotiations on the FY 2014 supplemental. Please provide any comments you might have to DHS and SBO first-thing in the morning. Also let us know if you agree with the analysis and including $2.5 million Gross and GF in the supplemental to implement the agreement on boilerplate section 589 for FY 2014. Thank you for your help on short notice. From: Kangas, Susan (DHS) Sent: Monday, December 02, 2013 4:13 PM To: Overbey, Charles (DTMB); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: RE: Section 589 Cost Estimates Our cost estimate is $2.2 million. It is based on 116,930 days of CPA supervised care paid in FY 2013 through the Child Care Fund x $18.50 = $2,163,205. We validated that figure with an alternative but less precise estimate as follows: 567 new/initial CCF cases managed by CPA's in FY 2013 x average of 182.5 days of care (365/2) x $18.50 = $1,914,334. Susan Kangas
274	Amanda, I just received HB 4893 today, and Senate Families is going to take the bill up this afternoon. I spoke with Kevin about his analysis, and he mentioned that at the time, DHS had not done any kind of fiscal impact estimate. Is that still the case? Does the Department have a sense of the costs to update the registry to meet the bill's requirements? Thanks, Frances

	K	L
273	I agree with the analysis. I had estimated $2 million during the Sec. 589 negotiations. From: Overbey, Charles (DTMB) [mailto:overbeyc@michigan.gov] Sent: Monday, December 2, 2013 4:47 PM To: Carley, Frances (FCarley@senate.mi.gov); Kevin Koorstra Cc: Kangas, Susan (DHS); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS); Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: Section 589 Cost Estimates Fiscal Agency Partners---Shown below are DHS cost estimates to implement the agreement on boilerplate section 589 for FY 2014. As you can see, their estimate is $2.2 million Gross and GF. We support these cost estimates and recommend an amount of $2.5 million Gross and GF for the supplemental to take into account possible caseload increases and imprecision in the analysis. This issue will be discussed tomorrow afternoon at 1:00 as part of negotiations on the FY 2014 supplemental. Please provide any comments you might have to DHS and SBO first-thing in the morning. Also let us know if you agree with the analysis and including $2.5 million Gross and GF in the supplemental to implement the agreement on boilerplate section 589 for FY 2014. Thank you for your help on short notice. From: Kangas, Susan (DHS) Sent: Monday, December 02, 2013 4:13 PM To: Overbey, Charles (DTMB); Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Brown, Marlon (DTMB); Horn, Daniel (DTMB); Kimmith, Dean (DTMB) Subject: RE: Section 589 Cost Estimates Our cost estimate is $2.2 million. It is based on 116,930 days of CPA supervised care paid in FY 2013 through the Child Care Fund x $18.50 = $2,163,205. We validated that figure with an alternative but less precise estimate as follows: 567 new/initial CCF cases managed by CPA's in FY 2013 x average of 182.5 days of care (365/2) x $18.50 = $1,914,334. Susan Kangas	12/3/2013
274	We have not done any analysis on this issue. Amanda	12/3/2013

	M
273	
274	

	A	B	C	D	E	F	G
275	Dan Dundas	House Republican Policy Office		Foster Care 100% State Cost FY2014 Legislation	12/3/2013	2014-1203	ABM/KF/RD/PG

	H	I
275		

	J
275	From: Dan Dundas [mailto:ddundas@house.mi.gov] Sent: Tuesday, December 03, 2013 8:03 PM To: Harkins, Chris (DTMB); Ferrick, Karyn (DHS); Evelyn Zois Sweeney; Jon Smalley; 'bodkin@micounties.org'; Dana Gill; Alisha Cottrell Cc: Frances Carley; Kevin Koorstra; Peter MacGregor; Durfee, Sally (GOV); mandybolter@yahoo.com Subject: Foster Care 100% State Cost for FY 2014 Legislation All: Pursuant to the agreement reached between the Senate, House, and Administration, attached is a draft to require the state to cover administrative costs for foster care services for new foster care cases for FY 2014 only under Sec. 546 (1) of the FY 2014 DHS Budget. We amended the same section of the Social Welfare Act as for the $3 rate increase for foster care services under PA 138 of 2013. I apologize for the short notice, but if possible, please provide any feedback by the end of this week so that the bill may be introduced next week. If you have any questions, please let us know. Dan Dan Dundas Senior Policy Advisor House Republican Policy Office 517.373.1197 direct 248.275.8584 mobile

	K	L
	From: Ferrick, Karyn (DHS) [mailto:FerrickK@michigan.gov] Sent: Friday, December 06, 2013 8:11 PM To: Dan Dundas; Peter MacGregor (pmacgregor@house.mi.gov); mandybolter@yahoo.com Cc: Harkins, Chris (DTMB); Durfee, Sally (GOV); Kevin Koorstra; Frances Carley; Alisha Cottrell; The Office of Senator Caswell Subject: RE: Foster Care 100% State Cost for FY 2014 Legislation Thank you for the opportunity to review and comment. On behalf of both DHS and SBO, we are concerned that the class of cases for which the state will be 100% responsible is not clearly defined. Specifically, we would request the following: 1. The terms "foster care cases" and "established" should be defined. 2. To ensure this amendment also covers treatment foster care (which is paid at a significantly higher rate – well beyond $37) the reference to the rate in Sec. 546 (1) should be struck. We would request that a period be inserted after "services" on line 17 and delete the remainder of the subdivision. The definitions requested in item 1 should clarify the class of cases for which the State will be 100% responsible which would negate the need to reference this subsection of boilerplate. 3. Finally, on line 17, for consistency, this should read "100% of the administrative rate for providers of foster care services" so that subdivision (c) and (d) have the same language. Please let Chris or I know if you have any questions or need additional information. KARYN FERRICK, DIRECTOR OFFICE OF LEGISLATIVE SERVICES MICHIGAN DEPARTMENT OF HUMAN SERVICES (517) 335-3482 OFFICE (517) 241-5012 DIRECT	12/6/2013
275		

	M
275	

	A	B	C	D	E	F	G
276	Frances Carley	Dan Dundas		Foster Care 100% State Cost FY2014 Legislation	12/9/2013	2014-1203-1	KF ABM
277	Kevin Koorstra	HFA		Guardianship Assistance Rate Sec 547	12/4/2013	2014-1204	ABM
278	Frances Carley	SFA		HB 4493	12/4/2014	2014-1204	ABM

	H	I
276		
277		
278		

	J
276	Karyn, I spoke with Kevin about the Treatment Foster Care rate and have a few questions about the suggestions for the bill, and how these suggestions fit in with the pending supplemental request. The estimate that DHS provided regarding the CPA rate in the supplemental did not include this $87.74 rate, just the $37 rate: From Susan: Our cost estimate is $2.2 million. It is based on 116,930 days of CPA supervised care paid in FY 2013 through the Child Care Fund x $18.50 = $2,163,205. We validated that figure with an alternative but less precise estimate as follows: 567 new/initial CCF cases managed by CPA's in FY 2013 x average of 182.5 days of care (365/2) x $18.50 = $1,914,334. If the TFC is included, the estimate for the supplemental could increase significantly, as 50 cases would cost approximately $1.6 million annually. I believe the goal is to finalize these numbers as soon as possible, so hopefully we can get in agreement today. I also have a couple of questions to clarify my understanding of the Treatment Foster Care rate. 1. Does the Treatment Foster Care rate include some costs of care and treatment, in addition to administrative costs? 2. If the bill includes Treatment Foster Care, why not also include General Independent Living or any of the other special rates? Thank you, Frances
277	Amanda, Could you please provide an update on the implementation of the minimum rate for guardianship assistance (Sec. 547)? Approximately how many cases will be impacted by the requirements in FY 14? Have any cases received an increased payment as a result of the new section, and if so, how many? Have the case rates changed otherwise, either for existing or new cases? Thank you, Frances
278	Good morning, I'm working on a revised fiscal statement for HB 4493 (S-2). The bill references an online reporting system, which is to be implemented by Jan 1, 2016. Has the Department identified the projected costs of the new system? Any other information that you could provide would be helpful. Thanks! Frances

	K	L
276	I added additional clarification on state/county wards for independent living – the additions are in red below. From: Ferrick, Karyn (DHS) Sent: Tuesday, December 10, 2013 10:19 AM To: 'Frances Carley' Cc: Harkins, Chris (DTMB); Durfee, Sally (GOV); Kevin Koorstra; Dan Dundas; Bright McClanahan, Amanda (DHS); DHS-BudgetServices; Steve Angelotti Subject: RE: Foster Care 100% State Cost for FY 2014 Legislation Importance: High To clarify my initial response, we recommend that "foster care cases" be defined in this legislation. We defer to Representative MacGregor and Senator Caswell as to whether treatment foster care should be included in the definition or not. It is my understanding this wasn't specifically discussed when the MOU was discussed, but that is why we are recommending that it be defined, so it is clear what is and is not included. For reference, according to data from 2012, there were no days of treatment for specialized foster care supported by county child care fund dollars. But there could be in the future and if the definition does not include it, DHS would be precluded from providing relief to the counties for this service. Therefore, if the language retains the reference to Sec. 546 (1) – treatment foster care will not be included under this subdivision. Additionally, the state currently provides all funding (with federal matching funds) for independent living for State Wards – the counties provide no cost sharing. Some counties do have specific Independent living programs in their CCF annual plan and budget. It they have those programs we split the costs if the child is a county ward. I hope this clarifies my response, please let me know if you have any additional questions.	12/10/2013
277	Frances, The department has implemented the policy change. To date, there have been no cases impacted by the minimum rate language. We are not anticipating a significant impact in 2014 overall because the department was entering into agreements at the maximum rate already nearly all cases. Assistance rates from 2013 to 2014 have not otherwise been impacted. Thank you, Amanda	12/10/2013
278		unknown

	M
276	
277	
278	

	A	B	C	D	E	F	G
279	Kevin Koorstra	HFA		Question on CSSM Amounts for Local Offices	12/5/2013	2014-1205	ABM/RD
280	Frances Carley	SFA		HB 4544	12/8/2014	2014-1208	ABM/K. Ferrick

	H	I
279		
280		

	J
279	I believe office supplies. From: Bright McClanahan, Amanda (DHS) [mailto:brighta@michigan.gov] Sent: Thursday, December 12, 2013 3:20 PM To: Kevin Koorstra Cc: Doll, Ryan (DHS); Kangas, Susan (DHS); Ferrick, Karyn (DHS); Gehm, Paul (DHS) Subject: Re: Question on CSSM amounts to local DHS offices Hi Kevin, The department continues to manage its costs within its total CSS&M budget. This includes providing supplies as needed in the field, but ensuring we are managing within our resources. Can you provide any additional context for the area of concern? Office supplies, telecommunications needs, other items? Thank you, Amanda Sent from my iPad On Dec 5, 2013, at 4:25 PM, "Kevin Koorstra" <kkoorstra@house.mi.gov> wrote: Amanda, I have heard from a couple people that the local DHS offices have less funding for supplies this year. Is that true? The only thing I can find on my own is a notice that there is a new consolidated purchase request form and that the Spending Controls Memo from FY 2009-10 has been rescinded. Any help you can provide would be appreciated. Kevin
280	Karyn, Does the Department support the language on weatherization funding in HB 4544 (H-2)? From what I recall from the House hearing several months ago, DHS was ok with the language. It's been a long time, however, so I'm not sure. Thanks, Frances

	K	L
279		12/12/2013
280	Hi Frances, We support this in concept and worked with the bill sponsor on the substitute language. Karyn	12/8/2014

	M
279	
280	Closed

	A	B	C	D	E	F	G
281	Viola Wild	HFA		SB 975 and 1086	12/8/2014	2014-1208-A	ABM
282	Frances Carley	SFA		FY 15 LIHEAP state plan question	12/16/2014	2014-1216	ABM

	H	I
281		
282		

	J
281	Amanda, Can you share with me what the Department's determination of the fiscal impact of SB 975 and SB 1086 are – and then also what SB 973 is? They will be up in Appropriations Committee on Wednesday. Thanks for your help, ~Viola
282	Hi Amanda, I have a couple of questions regarding eligibility for crisis assistance. Is the department discontinuing crisis payments for past-due energy bills? Will crisis assistance only cover replacement or repair of heating or cooling equipment? My question is in regard to the category, "In order to receive crisis assistance:" The following item is checked "yes," "Must the household have non-working heating or cooling equipment?" If these are the changes going into effect, could you please provide a projected impact on the SER caseload and spending? Thank you! Frances

	K	L
281	Hi Viola, SB 973 codifies the Child Welfare Partnership Council to guide the implementation of performance-based outcome implementation for the child welfare system as an advisory council to the department. There is no estimated fiscal impact related to this bill at this time. SB 975 enacts additional language to implement the privatization of foster care case management in Kent County and provides for the county to be held harmless from the increased costs associated with private agency rather than state case management for the identified 139 cases impacted by this change, in accordance with HB 5507 passed earlier this year. The department estimates the fiscal impact from this change at up to $1 million annually. The department received an appropriation for these changes as part of the 2015 budget (this includes the hold harmless changes for other aspects of the budget.) SB1086 enacts language that would establish a capped contribution from Kent County to the state for implementation of a case rate in support of performance-based outcomes for child welfare in lieu of the statutory requirement of 50% currently. At this point, the department cannot determine a cost impact from this change as the case rate has not been established. Thank you, Amanda	12/9/2014
282		unknown

	M
281	
282	

	A	B	C	D	E	F	G
283	Dean Kimmith	SBO	WORK PROJECT	74420-Youth in Transition	9/15/2015	2015-0001	SK
284	Dean Kimmith	SBO	SPEND PLAN	Multiple	9/8/2015	2015-0002	SK

	H	I
283	9/16/2015	9/16/2015
284	9/15/2015	9/15/2015

	J
283	From: Kimmith, Dean (DTMB) Sent: Tuesday, September 15, 2015 2:36 PM To: Kangas, Susan (DHS) <KangasS1@michigan.gov> Cc: Baker, Amanda J. (DHS) <BakerA3@michigan.gov>; Stigall, Jill (DHS) <StigallJ1@michigan.gov> Subject: Work Project Question Importance: High RE: Youth in Transition Services Pilot – Work Project request (1) On the 20 Info tab, you selected the "entire balance" rather than the "specified amount." The requested amount is $240,000 GF from the Youth in Transition line. Please explain why you selected "entire balance." (2) In your work project Summary of Implementation Plan, you note that Spectrum Child and Family Services has been awarded the contract. If the contract has been awarded, couldn't the funds be encumbered rather than requesting a work project? PLEASE RESPOND BY COB ON WEDNESDAY, SEPTEMBER 16.
284	From: Kimmith, Dean (DTMB) Sent: Tuesday, September 8, 2015 2:54 PM To: Kangas, Susan (DHS) <KangasS1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Fosdick, David (DTMB) <FosdickD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov> Subject: DHHS Spending Plan 1. A number of DHHS line items show wage and benefit amounts in the Spending Plan while the enacted FY 16 law shows 0 FTEs for those lines. Can you clarify for us? 2. Also, many lines in the DHHS FY 16 Spending Plan (compared to the FY 15 Spending Plan) had classification changes from Support Service to Core Service. We believe that they should remain classified as Support Services. We can make adjustments on our end, but wanted to get your response first. I've attached a file with the lines in question.

	K	L
283	From: Kangas, Susan (DHS) Sent: Tuesday, September 15, 2015 3:09 PM To: Kimmith, Dean (DTMB) <KimmithD@michigan.gov> Cc: Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHS) <StigallJ1@michigan.gov> Subject: RE: Work Project Question Dean – below is the answer to a follow up question you may have, which is why we did a work project instead of an encumbrance last summer. Funding wasn't restored until after September 15, which is the deadline to have a contract in place to qualify for an encumbrance. Therefore, we went the work project route and are asking to continue that work project since there's still a balance left. Susan Originator Comments Funding to support this contract was received as a supplemental appropriation on March 14, 2014 under PA 34 of 2014. The department issued a request for proposals seeking a Detroit based nonprofit service provider in accordance with accompanying boilerplate section 401. On August 13, 2014, SB 616 removed funding to support this contract without the department awarding a contract for services. Funding was subsequently restored by a House amendment to SB 616 on September 18, 2014 and concurred with by the Senate on September 23, 2014. As the funding was restored in the final week of fiscal year 2014, the Department is requesting a work project making this funding available through September 30, 2016 to provide the needed time to carry out this project as proposed.	9/15/2015
284	From: Kangas, Susan (DHS) Sent: Tuesday, September 15, 2015 4:41 PM To: Kimmith, Dean (DTMB) <KimmithD@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Fosdick, David (DTMB) <FosdickD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov>; Stigall, Jill (DHS) <StigallJ1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov> Subject: FW: DHHS Spending Plan Importance: High Dean, Our responses are attached. It looks like a couple revisions are needed to the spend plans related to the FTE questions. We agree with you that all of the classifications should be "support" and not "core." Let me know if you'd like us to re-submit spending plans for the lines with errors, or if SBO will be making the changes.	9/15/2015

	M
283	
284	

	A	B	C	D	E	F	G
285	Marlon Brown	SBO	PFC	16100-Information Technology Projects and Services	10/22/2015	2015-0003	SK

	H	I
	10/22/2015	10/22/2015
285		

	J
285	From: Brown, Marlon (DTMB) Sent: Thursday, October 22, 2015 10:30 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: Additional Questions re: Children's Services PFCs Hello Susan, I wanted to touch base with you regarding the additional information related to the MISACWIS Proposal for Change. Does the department have an anticipated date that we will receive this information? I also believe that we may want to have a meeting or phone call with the department to discuss the current status of the system and how this proposal fits into the larger scheme of things. I also have a few addition questions regarding some of the other Proposals for Change: Pathways to Potential – Is this proposal scalable? If so, how would the department scale back the proposal? Would you only expand workers at current sites or would you still do a combination of new and current sites? Maxey Closure – Can you provide information about closing costs what was done with other state juvenile facilities that were closed? We are still trying to ascertain who is responsible for the facility and if it is in the best interest to simply let the facility go to waste.

	K	L
285	From: Kangas, Susan (DHHS) Sent: Thursday, October 22, 2015 11:55 AM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: RE: Additional Questions re: Children's Services PFCs Hi Marlon, I'm sorry, we thought you already had the MiSACWIS PFC answers. We were told that SBO submitted the questions to DTMB and that they were providing the answers. That said, I went ahead and copied and pasted the response into the "master" PFC Questions and Requests document, which is attached. Note that the Q&A to/from DTMB is a little different from the questions SBO asked the department directly, so please let me know if you still have outstanding questions after reading through the answers provided. The Pathways PFC is scalable. Could you please give us some guidance as to the degree you would want it scaled back? It's hard to answer that question without knowing what the "target" is. I will check with the Bureau of Organizational Services on your facility closure question and get back to you.	10/22/2015

	M
285	

	A	B	C	D	E	F	G
286	Marlon Brown	SBO	GENERAL QUESTIONS	47600-W. J. Maxey Training School	10/22/2015	2015-0004	SK

	H	I
286	10/24/2015	10/24/15/

	J
	From: Brown, Marlon (DTMB) Sent: Thursday, October 22, 2015 10:30 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: Additional Questions re: Children's Services PFCs Hello Susan, I wanted to touch base with you regarding the additional information related to the MISACWIS Proposal for Change. Does the department have an anticipated date that we will receive this information? I also believe that we may want to have a meeting or phone call with the department to discuss the current status of the system and how this proposal fits into the larger scheme of things. I also have a few addition questions regarding some of the other Proposals for Change: Pathways to Potential – Is this proposal scalable? If so, how would the department scale back the proposal? Would you only expand workers at current sites or would you still do a combination of new and current sites? Maxey Closure – Can you provide information about closing costs what was done with other state juvenile facilities that were closed? We are still trying to ascertain who is responsible for the facility and if it is in the best interest to simply let the facility go to waste.
286	From: Brown, Marlon (DTMB) Sent: Thursday, October 22, 2015 10:30 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: Additional Questions re: Children's Services PFCs Hello Susan, I wanted to touch base with you regarding the additional information related to the MISACWIS Proposal for Change. Does the department have an anticipated date that we will receive this information? I also believe that we may want to have a meeting or phone call with the department to discuss the current status of the system and how this proposal fits into the larger scheme of things.

	K	L
286	From: Kangas, Susan (DHHS) Sent: Saturday, October 24, 2015 1:41 PM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: RE: Additional Questions re: Children's Services PFCs Maxey Closure – Can you provide information about closing costs what was done with other state juvenile facilities that were closed? We are still trying to ascertain who is responsible for the facility and if it is in the best interest to simply let the facility go to waste. We don't have readily available information about closing costs for previous closures, but are checking to see if we can locate any historical information. Regarding the maintenance of the Maxey Training School building and grounds, MDHHS is responsible for the upkeep of the property. We are working with DOC on a MOU for them to help us out with monitoring the building. There have been about four requests from interested parties to tour the building, which will be set up in the next few weeks. Director Lyon will be sending DTMB Director Behen a letter declaring the building as surplus so we can move forward with a possible sale.	10/24/2015

	M
286	

	A	B	C	D	E	F	G
287	Marlon Brown	SBO	PFC	16100-Information Technology Projects and Services	10/22/2015	2015-0005	SK

	H	I
287	10/22/2015	10/22/15 and 10/28/15 and 11/

	J
287	From: Brown, Marlon (DTMB) Sent: Thursday, October 22, 2015 10:30 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: Additional Questions re: Children's Services PFCs Hello Susan, I wanted to touch base with you regarding the additional information related to the MISACWIS Proposal for Change. Does the department have an anticipated date that we will receive this information? I also believe that we may want to have a meeting or phone call with the department to discuss the current status of the system and how this proposal fits into the larger scheme of things. I also have a few addition questions regarding some of the other Proposals for Change: Pathways to Potential – Is this proposal scalable? If so, how would the department scale back the proposal? Would you only expand workers at current sites or would you still do a combination of new and current sites? Maxey Closure – Can you provide information about closing costs what was done with other state juvenile facilities that were closed? We are still trying to ascertain who is responsible for the facility and if it is in the best interest to simply let the facility go to waste.

	K	L
287	From: Kangas, Susan (DHHS) Sent: Thursday, November 12, 2015 5:54 PM To: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov> Cc: Parker, Karen (DHHS) <ParkerK7@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Yager, Steve (DHHS) <YagerS@michigan.gov>; Pung, Linda (DTMB) <PUNGL2@michigan.gov>; Olsen, Bradley (DHHS) <OlsenB3@michigan.gov>; Nordyke, Susan (DTMB) <NordykeS@michigan.gov>; Broessel, Kristi (DHHS) <BroesselK@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Fosdick, David (DTMB) <FosdickD@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov>; White, Keith (DTMB) <WhiteK14@michigan.gov> Subject: RE: Additional Questions re: Children's Services PFCs Hi Chris, The responses to your questions from yesterday, Marlon's MiSACWIS questions from October 28, and other questions posed during Monday's meeting are contained in the attached PowerPoint document – see FAQ's on pages 45-50. The answer to the budget question is below. Please let us know if there are any questions we may have missed. Susan	11/12/2015

	M
287	

	A	B	C	D	E	F	G
288	Dean Kimmith	SBO	WORK PROJECT	32610-Homeless Programs	9/17/2015	2015-0006	AJ

	H	I
	9/18/2015	9/18/2015
288		

	J
	From: Baker, Amanda J. (DHS) Sent: Friday, September 18, 2015 9:07 AM To: Kimmith, Dean (DTMB); Kangas, Susan (DHS) Cc: Stigall, Jill (DHS) Subject: RE: Homeless Programs Work Project Dean – please see the answers below. AJ From: Kimmith, Dean (DTMB) Sent: Thursday, September 17, 2015 8:56 AM To: Kangas, Susan (DHS) Cc: Stigall, Jill (DHS); Baker, Amanda J. (DHS) Subject: Homeless Programs Work Project Importance: High You're proposing 3 new pilot programs with the FY 15 work project funds to be used in FY 16. The focus is on increasing shelter diversion activities and improving existing shelter capacity. Are they intended to become ongoing? If so, what funds would be used? If not, will the pilots achieve their objectives in FY 16? The Detroit Shelter Diversion and Master Lease are intended to become ongoing and possibly replicated in other areas if they demonstrate successful outcomes and a cost savings. Funding to continue these program models would come from the existing Emergency Shelter Program funding—or any new funding sources that become available to the Homeless Programs. The Shelter Quality Improvement funding is not intended to be ongoing as this is a one-time funding award. The estimated completion time for this work project is 3 years from the start date so progress toward the objectives is expected to be underway in FY16, however, the objectives will likely not be met until FY17 or FY18.
288	We believe the proposed work project goals can be accomplished with only the funding left at the end of FY15. The plan is to spread the FY15 surplus over the entire

	K	L
	From: Baker, Amanda J. (DHS) Sent: Friday, September 18, 2015 9:07 AM To: Kimmith, Dean (DTMB); Kangas, Susan (DHS) Cc: Stigall, Jill (DHS) Subject: RE: Homeless Programs Work Project Dean – please see the answers below. AJ From: Kimmith, Dean (DTMB) Sent: Thursday, September 17, 2015 8:56 AM To: Kangas, Susan (DHS) Cc: Stigall, Jill (DHS); Baker, Amanda J. (DHS) Subject: Homeless Programs Work Project Importance: High You're proposing 3 new pilot programs with the FY 15 work project funds to be used in FY 16. The focus is on increasing shelter diversion activities and improving existing shelter capacity. Are they intended to become ongoing? If so, what funds would be used? If not, will the pilots achieve their objectives in FY 16? The Detroit Shelter Diversion and Master Lease are intended to become ongoing and possibly replicated in other areas if they demonstrate successful outcomes and a cost savings. Funding to continue these program models would come from the existing Emergency Shelter Program funding—or any new funding sources that become available to the Homeless Programs. The Shelter Quality Improvement funding is not intended to be ongoing as this is a one-time funding award. The estimated completion time for this work project is 3 years from the start date so progress toward the objectives is expected to be underway in FY16, however, the objectives will likely not be met until FY17 or FY18.	9/18/2015
288	We believe the proposed work project goals can be accomplished with only the funding left at the end of FY15. The plan is to spread the FY15 surplus over the entire	

	M
288	

	A	B	C	D	E	F	G
289		SBO	PFC	xxxxx-Elder Law of Michigan MiCAFE Contract	10/21/2015	2015-0007	SK
290	John Maxwell	SFA	YEAR END	Multiple	10/26/2015	2015-0008	SK

	H	I
289	10/21/2015	10/21/2015
290	12/19/2015	12/19/2015

	J
289	From: Babb, Abbey (DTMB) Sent: Wednesday, October 21, 2015 11:00 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov> Subject: Additional PFC Questions Hi Susan and Farah, I have a few follow up questions on the OIG investment and the Elder Law MiCafe contract elimination from our initial PFC meeting with John and Nancy: Office of Inspector General: • Based on the detail behind the ROI calculation, it appears that the $10.5M ROI is Gross – if this is correct, would the GF ROI be $5.9M? • What is the relationship between the pure GF savings of $14.5M ($12.4M GF after netting out $2.1M GF FTE cost) and the ROI? • Would it be possible for the department to build these savings into the budget, similar to last year's reduction proposal that included a 10 FTE increase for Medicaid Inspector General with $11.6M GF in savings built in? Elder Law • How many seniors per year on average does the MiCafe program sign up for Food Assistance? • Did this reduction proposal originate from the Office of Aging and Adult Services?
290	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Monday, October 26, 2015 11:29 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Ruest, Karla (DHHS) <RuestK@michigan.gov>; Viola Wild <vwild@house.mi.gov> Subject: Data Requests Susan, These items may not be available as of now, but I would like the request in the queue in order to receive the data when they are available: • Out of Home Placement: Fiscal Year 2014 & 2015 [Please see attached FY13 example] • Appropriation Year 2016 Fund Matrix [Please see attached FY15 example] • Federal Deduct Summary FY2015 [Please see attached FY14 example]

	K	L
289	From: Kangas, Susan (DHHS) Sent: Wednesday, October 21, 2015 7:16 PM To: Babb, Abbey (DTMB); Hanley, Farah (DHHS) Cc: Kimmith, Dean (DTMB) Subject: RE: Additional PFC Questions Abbey, Below are responses to your questions regarding MiCAFE. We'll follow up with the OIG information as quickly as possible. Elder Law • How many seniors per year on average does the MiCafe program sign up for Food Assistance? Line: 517.485.9164 3815 W. St. Joseph, Suite C-200 Lansing, MI 48917 Per the Elder Law MiCAFE website at http://www.elderlawofmi.org/#!about-micafe/c1ah6 In 2014, MiCAFE served nearly 2,400 seniors with application assistance, nutrition screening and service referrals. 85% of the households that applied were eligible for assistance. On average, clients received $113 per month in food assistance benefits. Overall, $4.9 million in food assistance benefits came to Michigan seniors that applied through MiCAFE. • Did this reduction proposal originate from the Office of Aging and Adult Services? No. Susan	10/21/2015
290	From: Kangas, Susan (DHHS) Sent: Saturday, December 19, 2015 1:32 AM To: jmaxwell@senate.michigan.gov Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: FW: Data Requests Hi John, Attached is information responsive to your data request for FY15 year-end information. • Out of Home Placement: Fiscal Year 2014 & 2015 [Please see attached FY13 example]- see attached file titled "FY15 Foster are Paid Days by Fund Source for Fiscals.xls." We were unable to find the source of the FY13 report you sent as an example and could not recreate it. We are hoping the new report will work for you and if so, we will compile the same information for FY14 if you'd still like that. • Appropriation Year 2016 Fund Matrix [Please see attached FY15 example] – See attached files titled "FY2016 FUND SOURCE MATRIX Summary page.xlsx" and "FY 2016 FUND SOURCE MATRIX.XLSX." This is a different format from the FY15 example you provided. The merger has necessitated us to combine formats and processes that differed between the two previous departments. • Federal Deduct Summary FY2015 [Please see attached FY14 example] – See attached file titled "Q4 DEDUCTSUM SFA 12-9-15.xls." As I mentioned in my previous response, this information will have limited utility for FY 2016 (post-merger) because of combined appropriations and revised cost allocation methodologies.	12/19/2015

	M
289	
290	

	A	B	C	D	E	F	G
291	John Maxwell	SFA	YEAR END	Multiple	12/21/2015	2015-0008 2	SK
292		SFA	YEAR END	Multiple	12/23/2015	2015-0008 3	JS

	H	I
291	12/22/2015	12/22/2015
292	12/23/2015	12/23/2015

	J
291	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Monday, December 21, 2015 11:31 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Data Requests Susan, As for the question on your first bullet, yes, please provide for FY2014 as well. Thanks, John
292	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Wednesday, December 23, 2015 2:31 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; 'vwild@house.mi.gov' <vwild@house.mi.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Yearly Information Request Susan, Would it be possible to get the “TanfSept15 HFA.xlsx” file resent with all of the formulas embedded? The bottom portion of that worksheet is very helpful, but I would like to be able to trace all of the math and get a complete understanding of the TANF process. Thanks, John

	K	L
291	From: Kangas, Susan (DHHS) Sent: Tuesday, December 22, 2015 8:34 AM To: jmaxwell@senate.michigan.gov Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: FW: Data Requests John, Attached is the information on FY14 foster care paid days by fund source. Note that there is no data available in March 2014 due to the conversion to SACWIS.	12/22/15/
292	From: Stigall, Jill (DHHS) Sent: Wednesday, December 23, 2015 3:24 PM To: 'John Maxwell' <JMaxwell@senate.michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; 'vwild@house.mi.gov' <vwild@house.mi.gov> Subject: RE: Yearly Information Request That is really strange because I can see them. Let's try again. From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Wednesday, December 23, 2015 3:11 PM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; 'vwild@house.mi.gov' <vwild@house.mi.gov> Subject: RE: Yearly Information Request I apologize, for some reason, the formulas are just not coming through. From: Stigall, Jill (DHHS) [mailto:StigallJ1@michigan.gov] Sent: Wednesday, December 23, 2015 2:52 PM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; 'vwild@house.mi.gov' <vwild@house.mi.gov> Subject: RE: Yearly Information Request Hi John, Here is a version containing the formulas. Happy Holidays! Jill	12/23/2015

	M
291	
292	

	A	B	C	D	E	F	G
293	John Maxwell	SFA	GENERAL QUESTIONS	Multiple	12/23/2015	2015-0009	SK

	H	I
	1/19/2016	1/19/2016
293		

	J
293	From: John Maxwell <JMaxwell@senate.michigan.gov> Date: December 23, 2015 at 3:13:32 PM EST To: "Kangas, Susan (DHHS)" <KangasS1@michigan.gov> Cc: "Ruest, Karla (DCH)" <RuestK@michigan.gov>, "Stigall, Jill (DHHS)" <StigallJ1@michigan.gov>, "Hanley, Farah (DHHS)" <hanleyf@michigan.gov>, Viola Wild <vwild@house.mi.gov> Subject: DHHS Questions Susan, I have dug up some additional questions that I came up with when Frances was training me, but I neglected to ask her. When you are able could you please provide some clarity to these questions: • How much does MiCSES cost to operate? • Provide a county by county breakdown of the “Legal support contracts” line within the Child Support Enforcement budget section from 2011-2015. • A general question likely with a simple answer: Is there Title IV-E staff in both the “Children’s service administration” and “Title IV-E compliance and accountability office” lines within the Children’s Services Agency – Child Welfare budget section? If so, why? • Provide a county by county breakdown of the chargebacks for Bay Pines, Maxey, and Shawono from 2011-2015 within the Children’s Services Agency – Juvenile Justice budget section. • Provide more details on the “Community support services” line (where are these funds being spent with a break out of the types of programs. • Lastly, provide a high level explanation of the operations of the “Adult services field staff” line in the Field Operations and Support Services budget unit. Please include a description of the adult service programs.

	K	L
293	From: Kangas, Susan (DHHS) Sent: Friday, January 22, 2016 5:35 PM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: Ruest, Karla (DHHS) <RuestK@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; 'vwild@house.mi.gov' <vwild@house.mi.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: FW: DHHS Questions John, Responses to this data request are in red font below and in attached spreadsheets. Susan From: John Maxwell <JMaxwell@senate.michigan.gov> Date: December 23, 2015 at 3:13:32 PM EST To: "Kangas, Susan (DHHS)" <KangasS1@michigan.gov> Cc: "Ruest, Karla (DCH)" <RuestK@michigan.gov>, "Stigall, Jill (DHHS)" <StigallJ1@michigan.gov>, "Hanley, Farah (DHHS)" <hanleyf@michigan.gov>, Viola Wild <vwild@house.mi.gov> Subject: DHHS Questions Susan, I have dug up some additional questions that I came up with when Frances was training me, but I neglected to ask her. When you are able could you please provide some clarity to these questions: 1. How much does MiCSES cost to operate? The costs to operate MiCSES are: • FY 2016 appropriation (16500, Child Support Automation) is $41,877,600 gross ($10,586,100 GF; $21,631,500 Other Federal and $9.66M Capped Federal) • FY 2015 from R*STARS Month 13 for 16500 Child Support Automation is $33,346,156.41 plus $8,349,218.53 in Encumbrances Outstanding = $41,695,374.94. 2. Provide a county by county breakdown of the “Legal support contracts” line within the Child Support Enforcement budget section from 2011-2015. The information is attached in a spreadsheet titled “Legal Support Contracts”.	1/22/2016

	M
293	

	A	B	C	D	E	F	G
294	John Maxwell	SFA	GENERAL QUESTIONS	Multiple	10/26/2015	2015-0010 A	SK

	H	I
294	12/19/2015	12/19/2015

	J
294	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Monday, October 26, 2015 11:29 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Ruest, Karla (DHHS) <RuestK@michigan.gov>; Viola Wild <vwild@house.mi.gov> Subject: Data Requests Susan, These items may not be available as of now, but I would like the request in the queue in order to receive the data when they are available: • Out of Home Placement: Fiscal Year 2014 & 2015 [Please see attached FY13 example] • Appropriation Year 2016 Fund Matrix [Please see attached FY15 example] • Federal Deduct Summary FY2015 [Please see attached FY14 example]

	K	L
	From: Kangas, Susan (DHHS) [mailto:KangasS1@michigan.gov] Sent: Saturday, December 19, 2015 1:32 AM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: FW: Data Requests Hi John, Attached is information responsive to your data request for FY15 year-end information. • Out of Home Placement: Fiscal Year 2014 & 2015 [Please see attached FY13 example]- see attached file titled "FY15 Foster are Paid Days by Fund Source for Fiscals.xls." We were unable to find the source of the FY13 report you sent as an example and could not recreate it. We are hoping the new report will work for you and if so, we will compile the same information for FY14 if you'd still like that. • Appropriation Year 2016 Fund Matrix [Please see attached FY15 example] – See attached files titled "FY2016 FUND SOURCE MATRIX Summary page.xlsx" and "FY 2016 FUND SOURCE MATRIX.XLSX." This is a different format from the FY15 example you provided. The merger has necessitated us to combine formats and processes that differed between the two previous departments.	12/19/2015
294	• Federal Deduct Summary FY2015 [Please see attached FY14 example] – See attached file titled "Q4 DEDUCTSUM SFA 12-9-15.xls." As I mentioned in my	

	M
294	

	A	B	C	D	E	F	G
295	John Maxwell	SFA	FEDERAL FUNDS	Multiple	1/14/2016	2015-0010 B	SK

	H	I
	1/16/2016	1/16/2016
295		

	J
295	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Thursday, January 14, 2016 3:59 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Data Requests Susan, Thank you again for this information. On the "Q4 DEDUCTSUM SFA 12-9-15.xls" sheet there are several Federal fund sources that I would like additional information on. There is a column for Various Projects (Demo) ($6.6 million Federal claim) – Could you give me a sense of where this Federal money is being used? Approximately $3 million is used for Domestic Violence programs; more than $700,000 is used for Child Protection; $619,000 is for Children's Justice programming; $1.65 million funds Youth in Transition; and the remainder funds department administrative costs. Same question for the Juvenile IV-E Demo ($4.2 million Federal claim) and the Juvenile Accountability Block Grant ($0.683 million Federal claim). Approximately $3.35 million is used for Domestic Violence programs; another $280,000 is used for Rape Prevention and Treatment; approximately $500,000 is spent on adoption and foster care family recruitment; and the remainder funds department administrative costs. The Juvenile Accountability Block grant funds services aimed at reducing juvenile offenses through activities that promote accountability. What is the Federal program that the HUD column is being funded by? ($1.744 million Federal claim) The HUD Rapid Rehousing Initiative, Transitional Supportive Housing Leasing Assistance Program, and Rural Homeless Permanent Supportive Housing Initiative. MDHHS utilizes these grants to fund programs for Upper Peninsula Permanent Supportive Housing, Rural Homeless Permanent Supportive Housing, and Family Rehousing Programs. Same question for the MSDHA DV ($0.541 million Federal claim) column. The funding source for this is the Federal HUD Emergency Services Grant that is awarded to MSHDA. MDHHS is a sub-recipient of this grant. In FY16, MDHHS will only be receiving non-federal matching dollars from MSHDA. What are the ECIA (Misc) ($0.446 million Federal claim), NIST-LENEX ($0.384 million Federal claim), and MSP EHS (-$3,056 Federal claim) columns funding and what is the Federal funding source? ECIA consists of the U.S. Department of Education Special Education/Early On grant and Title I grant. It is used mostly in our Juvenile Justice programs.

	K	L
295	From: Kangas, Susan (DHHS) Sent: Tuesday, January 19, 2016 9:44 PM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Data Requests John, The responses to your additional questions on federal fund sources are listed below in red font. Susan From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Thursday, January 14, 2016 3:59 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Data Requests Susan, Thank you again for this information. On the “Q4 DEDUCTSUM SFA 12-9-15.xls” sheet there are several Federal fund sources that I would like additional information on. There is a column for Various Projects (Demo) ($6.6 million Federal claim) – Could you give me a sense of where this Federal money is being used? Approximately $3 million is used for Domestic Violence programs; more than $700,000 is used for Child Protection; $619,000 is for Children’s Justice programming; $1.65 million funds Youth in Transition; and the remainder funds department administrative costs. Same question for the Juvenile IV-E Demo ($4.2 million Federal claim) and the Juvenile Accountability Block Grant ($0.683 million Federal claim). Approximately $3.35 million is used for Domestic Violence programs; another $280,000 is used for Rape Prevention and Treatment; approximately $500,000 is spent on adoption and foster care family recruitment; and the remainder funds department administrative costs. The Juvenile Accountability Block grant funds services aimed at reducing juvenile offenses through activities that promote accountability.	1/19/2016

	M
295	

	A	B	C	D	E	F	G
296	John Maxwell	SFA	FEDERAL FUNDS	Multiple	1/22/2016	2015-0010 C	SK
297	John Maxwell	SFA	CASELOAD DATA	Multiple	11/5/2015	2015-0011	SK

	H	I
296	2/15/2016	2/22/2016
297	12/14/2015	12/14/2015

	J
296	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Friday, January 22, 2016 10:33 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Data Requests Susan, I have one additional questions related to some of the information that you sent. Specifically, in the "FY2016 FUND SOURCE MATRIX.XLSX" workbook, the tab '104' includes fund sourcing for the Community Services and Outreach. There is $6,040,500 in the Child Advocacy Centers fund, but $0 for both the Sexual Assault Victims Prevention and Treatment fund and Compulsive Gambling Prevention fund. In the appropriations bill however, there is $3,000,000 sourced from the Sexual Assault Victims Prevention and Treatment fund and $1,040,500 sourced from the Compulsive Gambling Prevention fund. Is there a different type of accounting treatment that views all of the funds as one item for sourcing? Thanks, John
297	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Friday, November 6, 2015 8:22 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Ruest, Karla (DHHS) <RuestK@michigan.gov>; Drum, Terry (DHHS) <DrumT@michigan.gov>; Noonan, George (DHHS) <NoonanG@michigan.gov> Subject: FW: IP Susan, Frances Carley (my predecessor at SFA) and I worked on an analysis on population, poverty and public assistance trends in Michigan. Terry and George from your department provided much of the historical data, so I am sending it your way to review and as a courtesy for any input you may have. I realize that this is a longer paper, but I would need your response by 11/20 to get it through the review process on my end. Thanks to DHHS and Terry/George on the data side of things. Best, John From: Wendy N. Muncey Sent: Thursday, November 5, 2015 4:21 PM To: John Maxwell <JMaxwell@senate.michigan.gov> Subject: IP Attached

	K	L
296	From: Kangas, Susan (DHHS) Sent: Thursday, February 25, 2016 7:36 PM To: 'John Maxwell' <JMaxwell@senate.michigan.gov> Cc: 'vwild@house.mi.gov' <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Data Requests John, Attached is a revised FY2016 Fund Source Matrix workbook that corrects for the error you caught in the restricted revenues in section 104. Susan	2/25/2016
297	From: Kangas, Susan (DHHS) Sent: Monday, December 14, 2015 8:41 AM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: FW: IP This came in during bookclosing and I didn't have time to read it. I should have taken the time to assign it to you to give to Terry for review. Even though it's late, could you please have Terry read it for accuracy and give his feedback? Thanks, Susan	12/14/2015

	M
296	
297	Terry called John and provided feedback.

	A	B	C	D	E	F	G
298	SBO	SBO	FEDERAL FUNDS		12/9/2015	2015-0012	SK

	H	I
	12/9/2015	12/09/20165
298		

	J
	From: Kangas, Susan (DHHS) Sent: Wednesday, November 18, 2015 9:54 AM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov> Subject: FW: FY 2017 Executive Budget Request - Revenue/Expenditure Projections From: Cole, Evah (Treasury) Sent: Tuesday, October 27, 2015 5:42 PM To: Budget Officers Distribution List <BudgetOffDL@michigan.gov> Cc: Budget 6th Floor Staff <Budget6thFloorStaff@michigan.gov>; Sarles, Juanita (Treasury) <SarlesJ1@michigan.gov>; Kolka, Carolyn (Treasury) <KolkaC@michigan.gov>; Wortley, Jay (Treasury) <WortleyJ1@michigan.gov>; Krupka, Eric L. (Treasury) <KrupkaE@michigan.gov> Subject: FY 2017 Executive Budget Request - Revenue/Expenditure Projections As in past years, the Department of Treasury, Office of Revenue and Tax Analysis (ORTA), is responsible for preparing the revenue projections for the Governor's Executive Budget. This year the revenue estimating process has been simplified for all departments. ORTA will now be using the same form departments have used in the past for the State Budget Office's (SBO) Restricted Revenue and Expenditure Projections. The attached memo explains the FY 2017 Executive Budget Revenue/Expenditure Projection process and provides general instructions. Each department must fill out the Form D – Revenue and Expenditure Projections Excel file (attached) and return the Excel file to ORTA and to your department's SBO Budget Liaison. Please note: Projections are due Wednesday, December 9, 2015. Thank you.
298	

	K	L
298	From: Kangas, Susan (DHHS) Sent: Wednesday, December 9, 2015 6:14 PM To: Cole, Evah (Treasury) <ColeE@michigan.gov>; Krupka, Eric L. (Treasury) <KrupkaE@michigan.gov>; Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Kimichik, Alan (DHHS) <KimichikA@michigan.gov>; Fosdick, David (DTMB) <FosdickD@michigan.gov>; White, Keith (DTMB) <WhiteK14@michigan.gov>; Hovenkamp, Robert (DTMB) <HovenkampR@michigan.gov>; Mukuna, Herve (DTMB) <MukunaH1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Gillette, Patrice (DHHS) <GilletteP@michigan.gov>; Scott, Teri (DHHS) <ScottT13@michigan.gov> Subject: DHHS Restricted Revenue and Expenditure Projections (Form D) Attached is the completed Form D for State Restricted Revenue, Expenditure and Fund Balance Projections for the Department of Health and Human Services for the FY 2017 Executive Budget. Let us know if you have any questions. Susan Kangas, Director Bureau of Budget Michigan Department of Health and Human Services 517-373-7787	12/9/2015

	M
298	

	A	B	C	D	E	F	G
299	Chris Harkins	SBO	WORK PROJECT		10/13/2015	2015-0013	SK

	H	I
	10/15/2015	10/17/2015
299		

	J
299	From: Harkins, Chris (DTMB) Sent: Tuesday, October 27, 2015 9:14 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Fosdick, David (DTMB) <FosdickD@michigan.gov> Subject: RE: DCH and DHS FY work project implementation plans Susan, I've confirmed with Kevin that they are looking for the implementation plans for new work projects in FY15. In terms of timing, I spoke with Farah last week about this issue and she'd thought it might be possible to get these to Kevin by the end of this week. I don't want to put words in her mouth so she can certainly correct me if I'm wrong or misunderstood that timeline. I do think we need to figure out how long it may take because they have a finite window for review and based on the work project documentation the plans are already completed. I don't imagine the fiscals will be too comfortable with an elongated timeline. Chris From: Kangas, Susan (DHHS) Sent: Monday, October 26, 2015 5:35 PM To: Kimmith, Dean (DTMB); Hanley, Farah (DHHS) Cc: Harkins, Chris (DTMB); Fosdick, David (DTMB) Subject: RE: DCH and DHS FY work project implementation plans Dean, What is the 200+ page summary report that they received? Just to verify, they are only asking for implementation plans for the new work projects for FY15, correct? What is the timeline? It will take us awhile to gather these plans together. Susan From: Kimmith, Dean (DTMB) Sent: Friday, October 23, 2015 10:06 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Fosdick, David (DTMB) <FosdickD@michigan.gov> Subject: FW: DCH and DHS FY work project implementation plans

	K	L
299		

	M
299	

	A	B	C	D	E	F	G
300	Chris Harkins	SBO	GENERAL QUESTIONS		12/2/2015	2015-0014 1	FH

	H	I
	12/3/2016	12/4/2015
300		

	J
	From: Harkins, Chris (DTMB) Sent: Wednesday, December 02, 2015 4:58 PM To: Hanley, Farah (DHHS); Kangas, Susan (DHHS) Cc: Kimmith, Dean (DTMB); White, Keith (DTMB); Brown, Marlon (DTMB); Fosdick, David (DTMB) Subject: DHHS IT PFC Requests We had a meeting today to discuss IT investments. I wanted to update you based on that conversation and pose some follow up questions: To set the tone: there are still expected to be a limited number of on-going dollars available for IT investment. While that should not come as a surprise, based on some of our previous conversations, the difficulty of making the shoe fit this year may pose difficulties in finding necessary funds. To that end, in evaluating your two IT projects in the grand scheme of IT investment, we were down to about $6.3 million GF available for DHHS IT projects. John asked me to pose the following: if there was only $6.3M GF available for DHHS IT investments in FY17 how would the Department prefer it be spent? Your staff have been very helpful in providing previous responses to questions that helped inform some of the conversation today. However, as we reviewed that back up and we talked through the potential of such a limited amount for investment, which should certainly not be interpreted at this time as being set in stone, some questions came to the surface which may help us (or you) in continuing to develop the recommendations for the Governor: - What level of concern is associated with failure to implement the MISACWIS update? Is it something that can be pushed to a future year, acknowledging the potential of losing the $38M federal revenue? - If the SACWIS lost revenue is a driving factor, does the Department consider that a more immediate concern than implementing the ISD program? - Is the FTE count associated with SACWIS reasonable? Can it be scaled down? - Could the SACWIS project be phased in over several years to reduce the FY17 impact? If phased in, would it buy time with MSA compliance? - Pertaining to the ISD project, are there DHHS funds that could be made available, as a sort of agency share, to meet the projected $10.3M GF need if we're only
300	able to find $6.3M from our end?

	K	L
	From: Hanley, Farah (DHHS) Sent: Friday, December 04, 2015 5:41 PM To: Harkins, Chris (DTMB) Cc: Kimmith, Dean (DTMB); White, Keith (DTMB); Brown, Marlon (DTMB); Fosdick, David (DTMB); Kangas, Susan (DHHS); Masterson, Cindy (DHHS); Stigall, Jill (DHHS) Subject: RE: DHHS IT PFC Requests Hi Chris – Below are answers to your specific questions. Also attached is the ROI performed for MiSACWIS. We will need a little more time to get you additional information on ISD as we do deeper dives on some of these issues but believe me this work is high priority for us to get you what you need. We are working on getting everything to you before the holidays. We also would like to share the demo we presented to the Governor to all of you, so look for that appointment on your calendars soon. Feel free to bring anyone along that you'd like. Thanks, Farah From: Harkins, Chris (DTMB) Sent: Wednesday, December 02, 2015 4:58 PM To: Hanley, Farah (DHHS); Kangas, Susan (DHHS) Cc: Kimmith, Dean (DTMB); White, Keith (DTMB); Brown, Marlon (DTMB); Fosdick, David (DTMB) Subject: DHHS IT PFC Requests We had a meeting today to discuss IT investments. I wanted to update you based on that conversation and pose some follow up questions: To set the tone: there are still expected to be a limited number of on-going dollars available for IT investment. While that should not come as a surprise, based on some of our previous conversations, the difficulty of making the shoe fit this year may pose difficulties in finding necessary funds. To that end, in evaluating your two IT projects in the grand scheme of IT investment, we were down to about $6.3 million GF available for DHHS IT projects. John asked me to pose the following: if there was only $6.3M GF available for DHHS IT investments in FY17 how would the Department prefer it be spent?	12/4/2015
300		

	M
300	

	A	B	C	D	E	F	G
301	Chris Harkins	SBO	GENERAL QUESTIONS		12/7/2015	2015-0014 2	FH

	H	I
	12//10/2015	12/11/2015
301		

	J
301	From: Harkins, Chris (DTMB) Sent: Monday, December 7, 2015 2:00 PM To: Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; White, Keith (DTMB) <WhiteK14@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov>; Fosdick, David (DTMB) <FosdickD@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: RE: DHHS IT PFC Requests Hi Farah, I appreciate the responses you've shared regarding the Department's IT requests. To be honest, this generates more questions from our end than it may have resolved. Based upon this feedback, I'm struggling to understand why the MISACWIS request is not the top rated request from the department. Our previous understanding of the proposal linked the request to a potential need to repay approximately $38M if MISACWIS was not implemented. In this response, the suggestion is instead a wholesale loss of Title IV-E funding. If that is truly in jeopardy, I would have expected that to rise in terms of significance. I'm hoping you can help better flesh out that particular issue. What specific ACF requirements will be out of compliance if the state does not support the FY17 MiSACWIS request? Please demonstrate the specific linkage between non-compliance and lost federal revenue. As it is phrased below, any non-compliance would risk the loss of $268 million. I'm also struggling with the connectivity of the MiSACWIS request and the ISD proposal. In earlier communication, you have stressed that the MiSACWIS updates were necessary for federal compliance (both ACF and MSA related) and that those updates would be done in such a way that they could be integrated with the ISD request. At no point was it understood that the MiSACWIS request was, in fact, dependent on the ISD request. MiSACWIS is a currently functioning system; I do not understand how a two year old IT system cannot be upgraded for compliance with Federal requirements without implementing a brand-new $100 million ISD request. While the Department has provided follow-up information about the ISD request, I do not see areas in which MiSACWIS is stressed as an integral need for the success of the ISD. Are these truly independent requests? If not, why were they presented as stand-alone investments and ranked so differently in terms of importance to the Department?

	K	L
301	From: Kangas, Susan (DHHS) Sent: Tuesday, February 09, 2016 11:40 PM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; MDHHS-BudgetServices <MDHHS-BudgetServices@michigan.gov> Subject: RE: DHHS IT PFC Requests 2015-0014 2 There wasn't an email reply to this request. Instead, we had a face-to-face meeting. From: Stigall, Jill (DHHS) Sent: Tuesday, February 9, 2016 7:31 PM To: MDHHS-BudgetServices <MDHHS-BudgetServices@michigan.gov> Cc: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: FW: DHHS IT PFC Requests 2015-0014 2 Please log. Susan do you have the response to forward to mailbox? Jill	12011/2015

	M
301	

	A	B	C	D	E	F	G
302		INTERNAL	GENERAL QUESTIONS		12/9/2015	2015-0015	SK

	H	I
	12/9/2015	12/9/2015
302		

	J
302	From: "Wheaton, Bob (DHHS)" <WheatonB@michigan.gov> Subject: Questions on MiSACWIS Costs Date: 09 December 2015 10:04 To: "Pung, Linda (DTMB)" <PUNGL2@michigan.gov> Cc: "Johnson, Laurie (DHHS)" <JohnsonL@michigan.gov> Hi Linda, I just left you a voice mail. I have a media interview today about MiSACWIS. One question the reporter has is how much has been spent on MiSACWIS so far and how does that compare to what was originally budgeted. Below is information on MiiSACWIS costs that I used in July. Can you let me know if these numbers are still accurate? If I add up the numbers below, will that equal the total amount spent so far (or the total amount we're committed to spending)? Here are the reporter's specific questions. Any assistance you could provide in answering these questions would be appreciated: • How much has been spent thus far on MiSACWIS, from developing the system to updating and improving the system to the one-site trainings? How does that amount compare to the original contract amount? (Note from Bob: Were there additional costs for the on-site trainings, or was that out of funds that we already had budgeted?) • What is the estimated cost of the planned improvements? (Note from Bob: I'm not totally sure what he means here as far as what improvements he's talking about.) Thanks! Bob Wheaton Manager of Communications/Public Information Officer Michigan Department of Health & Human Services 235 S. Grand Ave. Suite 1510 P.O. Box 30037 Lansing, MI 48909

	K	L
	From: Wheaton, Bob (DHHS) Sent: Wednesday, December 9, 2015 1:17 PM To: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Johnson, Laurie (DHHS) <JohnsonL@michigan.gov> Cc: Parker, Karen (DHHS) <ParkerK7@michigan.gov>; Pung, Linda (DTMB) <PUNGL2@michigan.gov>; Broessel, Kristi (DHHS) <BroesselK@michigan.gov>; Fox, Dave (DTMB) <FoxD@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: RE: Questions on MiSACWIS Costs Hi Everyone, I just talked to Steve Yager. He said that the dollar amounts below from July (which were vetted by Linda Pung at the time) are still accurate because there have been no add-ons to MiSACWIS since then. I think I'm all set unless someone else has any concerns or disagrees. So here below are the numbers, which add up to about $65 million: Our contract with Unisys was $47.3 million. Additional spending for enhancements and renewal of the contract: • $10.62 million for maintenance and operations support service during the second option year of the contract. We would anticipate similar options being exercised in subsequent years. • $1.43 million for training and online help for additional users of the system – most in the area of Juvenile Justice, which wasn't part of the original project but was added as an enhancement because we determined it would be valuable for Juvenile Justice folks to use MiSACWIS. • $3.632 million for Child Care Fund enhancements to MiSACWIS. Again, this was not something included in the original contract, but it was decided that it would be useful. • $1.988 million for Juvenile Justice enhancements to replace legacy JJOLT system. From: Wheaton, Bob (DHHS) Sent: Wednesday, December 09, 2015 11:42 AM To: Hanley, Farah (DHHS); Johnson, Laurie (DHHS) Cc: Parker, Karen (DHHS); Pung, Linda (DTMB); Broessel, Kristi (DHHS); Fox, Dave (DTMB); Kangas, Susan (DHHS); Stigall, Jill (DHHS)	12/9/2015
302	Subject: RE: Questions on MiSACWIS Costs	

	M
302	

	A	B	C	D	E	F	G
303	Viola Wild	HFA	GENERAL QUESTIONS		11/2/2015	2015-0016	SK
304	Frances Carley	SFA		Request for JJ Stats	1/8/2015	2015-0108	ABM/Joel Durr

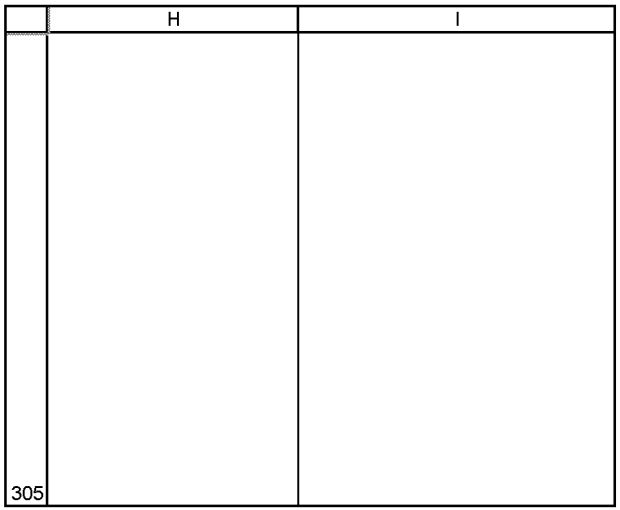
	H	I
303	11/3/2015	11/3/2015
304		

	J
303	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Monday, November 2, 2015 4:09 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: Quick Question; Payroll Taxes and Fringe Benefits Line Item Report #12 Susan, I have been asked whether the Department will be lapsing the $21.3 million balance in the salaries and wages line items that was shown in the recent report (#12) that you sent out. Before I answer that question, I wanted to ask if the Department has a plan for part of this funding that would be important to mention. I think, however, based on the report, that it would be safe to say that this funding is going to lapse. Would you agree to that statement? I want to give the most accurate answer so that the Chairman doesn't develop certain expectations that might later be diminished and cause a misunderstanding. If you could reply today, that would be very helpful. ~Viola 3-5010 Thanks, ~Viola Viola Bay Wild House Fiscal Agency (517)373-8080
304	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, January 07, 2015 9:11 AM To: Horn, Daniel (DTMB); Brown, Marlon (DTMB); Bright McClanahan, Amanda (DHS) Cc: DHS-BudgetServices; Doll, Ryan (DHS) Subject: request for JJ stats Good morning, Would anyone be able to provide the number of youth who were served at the public facilities in FY 14 by facility? I think it would help to know the total number of youth who were served during the year, as well as the average number of beds that were filled on a given day (point in time data would be fine). Additionally, if you could please provide the per diem rates for each facility in FY 14 and FY 15, I'd appreciate it (I couldn't find them in the policy manual). Thanks. Happy New Year! Frances

	K	L
303	From: Kangas, Susan (DHHS) Sent: Tuesday, November 3, 2015 1:34 PM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: RE: Quick Question; Payroll Taxes and Fringe Benefits Line Item Report #12 Talked to her by phone – all set. Thank you for following up.	11/3/2015
304		unknown

	M
303	
304	

	A	B	C	D	E	F	G
305	Frances Carley	SFA		Budget Questions	1/15/2015	2015-0115	ABM


H
I
305

	J
	Hi Amanda, Thanks for the recent information on JJ and energy assistance. I have a few additional questions that I am unable to answer, which are pasted below. 1. What are the results so far of the legislation on lottery and liquor license revocation for public assistance fraud? 2. DHS requested FTEs to launch a pilot IG fraud detection program in Oakland County in the last budget as part of the Front-End Eligibility programming, but these were not part of the enacted budget. Was the Department able to begin some of this work without the new FTEs? If so, could you provide some information on the status of the work? Do you have any summaries that describe the outcomes of the FEE programs in general? 3. What is the status of the RFI and RFP for the Public Assistance Call Center (Healthy MI)? 4. What is the status of the asset test automation? 5. I read an article that DHS had a hearing on the MSA yesterday (1/14/15). Could you please share the results? 6. A couple of years ago, I recall a discussion about a pilot program to place the FIP clients who have the most obstacles to success. Is this program still in place, or has it expanded? Could you please provide an update on the progress? 7. Could you please provide the current (or most recent year's) exceptional medical costs that are calculated for the public juvenile justice facilities? Are these costs paid by the counties exclusively? 8. When Woodland was part of Maxey, were there a total of 180 beds? I believe that Maxey is now a capacity of 60 beds (down from 80 beds a few years ago) – is that correct?
305	Thank you!

	K	L
305		unknown

	M
305	

	A	B	C	D	E	F	G
306	John Maxwell	SFA	GENERAL QUESTIONS	Multiple	12/23/2015	2015-0200	SK

	H	I
	1/8/2016	1/15/2016
306		

	J
306	From: John Maxwell <JMaxwell@senate.michigan.gov> Date: December 23, 2015 at 3:13:32 PM EST To: "Kangas, Susan (DHHS)" <KangasS1@michigan.gov> Cc: "Ruest, Karla (DCH)" <RuestK@michigan.gov>, "Stigall, Jill (DHHS)" <StigallJ1@michigan.gov>, "Hanley, Farah (DHHS)" <hanleyf@michigan.gov>, Viola Wild <vwild@house.mi.gov> Subject: DHHS Questions Susan, I have dug up some additional questions that I came up with when Frances was training me, but I neglected to ask her. When you are able could you please provide some clarity to these questions: • How much does MiCSES cost to operate? • Provide a county by county breakdown of the “Legal support contracts” line within the Child Support Enforcement budget section from 2011-2015. • A general question likely with a simple answer: Is there Title IV-E staff in both the “Children’s service administration” and “Title IV-E compliance and accountability office” lines within the Children’s Services Agency – Child Welfare budget section? If so, why? • Provide a county by county breakdown of the chargebacks for Bay Pines, Maxey, and Shawono from 2011-2015 within the Children’s Services Agency – Juvenile Justice budget section. • Provide more details on the “Community support services” line (where are these funds being spent with a break out of the types of programs. • Lastly, provide a high level explanation of the operations of the “Adult services field staff” line in the Field Operations and Support Services budget unit. Please include a description of the adult service programs. Thanks, John

	K	L
	John, Responses to this data request are in red font below and in attached spreadsheets. Susan From: John Maxwell <JMaxwell@senate.michigan.gov> Date: December 23, 2015 at 3:13:32 PM EST To: "Kangas, Susan (DHHS)" <KangasS1@michigan.gov> Cc: "Ruest, Karla (DCH)" <RuestK@michigan.gov>, "Stigall, Jill (DHHS)" <StigallJ1@michigan.gov>, "Hanley, Farah (DHHS)" <hanleyf@michigan.gov>, Viola Wild <vwild@house.mi.gov> Subject: DHHS Questions Susan, I have dug up some additional questions that I came up with when Frances was training me, but I neglected to ask her. When you are able could you please provide some clarity to these questions: 1. How much does MiCSES cost to operate? The costs to operate MiCSES are: • FY 2016 appropriation (16500, Child Support Automation) is $41,877,600 gross ($10,586,100 GF; $21,631,500 Other Federal and $9.66M Capped Federal) • FY 2015 from R*STARS Month 13 for 16500 Child Support Automation is $33,346,156.41 plus $8,349,218.53 in Encumbrances Outstanding = $41,695,374.94. 2. Provide a county by county breakdown of the “Legal support contracts” line within the Child Support Enforcement budget section from 2011-2015. The information is attached in a spreadsheet titled “Legal Support Contracts”. 3. A general question likely with a simple answer: Is there Title IV-E staff in both the “Children’s service administration” and “Title IV-E compliance and accountability office” lines within the Children’s Services Agency – Child Welfare budget section? If so, why? Understanding Title IV-E staff to be the Title IV-E analysts in the federal compliance unit of the Children’s services agency, yes, we do have IV-E staff in both lines. There is not sufficient funding in 74180 (Title IV-E Compliance and Accountability Office) to meet program needs so 74100 (Children’s Services Administration) is used to provide the necessary spending authority for the additional IV-E staff.	1/22/2016
306		

	M
306	

	A	B	C	D	E	F	G
307	Viola Wild	HFA	CASELOAD DATA	Multiple	12/22/2015	2015-0201	SK

	H	I
	12/29/2015	
307		

	J
	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Tuesday, December 22, 2015 5:46 PM To: Drum, Terry (DHHS) Cc: jmaxwell@senate.michigan.gov Subject: RE: June 2015 Public Assistance and Services Caseload Data / SSI Final Through July 2015 Terry, I was hoping to receive updated information on the Public Assistance and Services Caseload data that you always send to us quarterly. The July 2015 email (see below) is the last information/update I have received. Can you send us the end of year information for FY 2014-15 for these documents? I am especially interested in the updated fostercare caseload number for FY 2014-15. Thanks for your help. I look forward to hearing from you, ~Viola From: Drum, Terry (DHS) [mailto:DrumT@michigan.gov] Sent: Friday, July 17, 2015 11:08 AM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Horn, Daniel (DTMB) <HornD6@michigan.gov>; 'fcarley@senate.michigan.gov' <fcarley@senate.michigan.gov>; Viola Wild <vwild@house.mi.gov> Cc: Doll, Ryan (DHS) <DollR@michigan.gov>; Madsen, Patricia (DHS) <MadsenP@michigan.gov>; Nowak, Sheryl (DHS) <NowakS@michigan.gov>; Kangas, Susan (DHS) <KangasS1@michigan.gov> Subject: June 2015 Public Assistance and Services Caseload Data / SSI Final Through July 2015 Hello, For your use and information, I've forwarded caseload data for each consensus program through June 2015. SSI is FINAL through July! Please let me know if you have questions. Thank you, Terry Drum
307	MDHHS Budget Bureau

	K	L
	Viola, In response to your request for updated public assistance and services caseload data, attached is: 1) PA data (FIP, SDA, FAP) through October 2015. Please find data in the attached MDHHS Trend Report of Key Program Statistics (through October 2015) 2) SSI prospective data through December 2015. Please find SSI data in the attached SSI monthly tracking document maintained by Terry Drum. 3) Services caseload data (Foster Care, Adoption Subsidy and Guardianship Assistance) through November 2015. Please find services data in the attached tracking documents maintained by Terry Drum. Please let me know if you have question or would like additional information. Susan Susan Kangas, Director Bureau of Budget Michigan Department of Health and Human Services 517-373-7787 From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Tuesday, December 22, 2015 5:46 PM To: Drum, Terry (DHHS) Cc: jmaxwell@senate.michigan.gov Subject: RE: June 2015 Public Assistance and Services Caseload Data / SSI Final Through July 2015 Terry, I was hoping to receive updated information on the Public Assistance and Services Caseload data that you always send to us quarterly. The July 2015 email (see below) is the last information/update I have received. Can you send us the end of year information for FY 2014-15 for these documents? I am especially interested in the updated fostercare caseload number for FY 2014-15. Thanks for your help. I look forward to hearing from you,	1/5/2016
307		

	M
307	

	A	B	C	D	E	F	G
308	Viola Wild	HFA	CASELOAD DATA		12/22/2015	2015-0202	SK

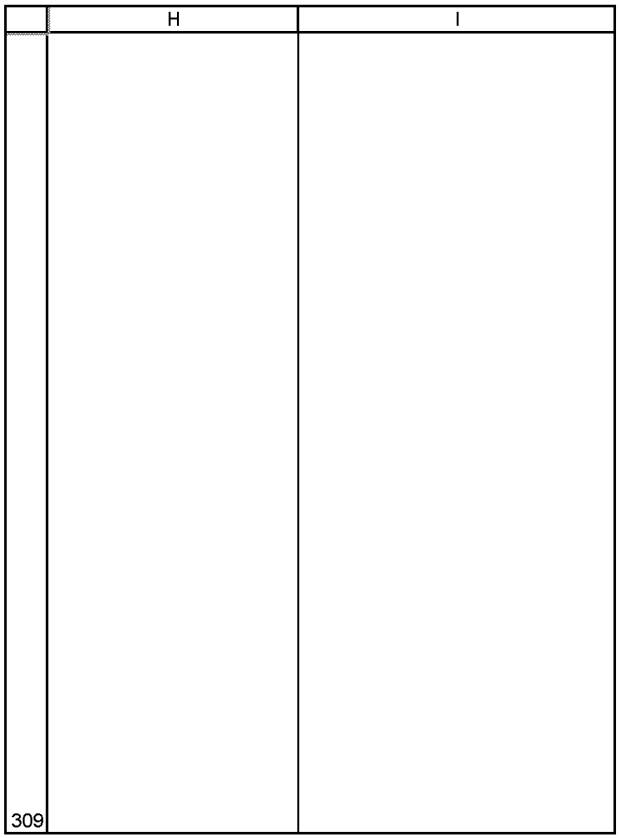
	H	I
308	12/29/2015	1/8/2016

	J
308	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Tuesday, December 22, 2015 8:54 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Madden, Angela (DHHS) <MaddenA@michigan.gov> Subject: Michigan's TANF Actual Work Participation Rate for FY 2014-15 Hi there. Can you tell me what Michigan's actual work participation rate was for FY 2014-15 for TANF purposes? I know that our caseload reduction credit reduced our target rate to around 11.1% for FY 2013-14. Can you tell me what the target participation rate is for FY 2014-15? And what our actual participate rate for FY 2014-15 was (or any estimate during that year)? No real rush on this request, just need it to update some documents. Thanks for your help! ~Viola Viola Bay Wild House Fiscal Agency (517)373-8080

	K	L
308	From: Kangas, Susan (DHHS) Sent: Tuesday, January 5, 2016 12:31 PM To: Viola Wild <vwild@house.mi.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Michigan's TANF Actual Work Participation Rate for FY 2014-15 Michigan's FY 2015 adjusted TANF work participation target is the 50% federal target minus a 57.3% caseload reduction credit = 0% adjusted target. The actual FY 2015 participation rate was 69.4% based on case reviews as of 12/10/15. Both the adjusted target and the participation rate are subject to change after review by the U.S. Department of Health and Human Services. Susan	1/5/2016

	M
308	

	A	B	C	D	E	F	G
309	Frances Carley	SFA	EXEC REC	FY 16 Exec Rec Questions	2/20/2015	2015-0220 A	RD/ABM


H
I
309

	J
309	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Friday, February 20, 2015 12:30 PM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Horn, Daniel (DTMB); Brown, Marlon (DTMB); Viola Wild (vwild@house.mi.gov) Subject: FY 16 Exec Rec questions Hi Amanda and Ryan, I'm forwarding a few of the questions that we didn't get to the other day, and also confirming some of the items that we did discuss. • $3.3 million for Kent County – Could we receive a breakdown for the funding? o Additionally, what are the projections for the state to cover privatized cases? Is there a cost estimate for the prospective payment system in FY 16? • It would be helpful to have some additional background on a few of the caseload adjustments. Adoption Sub is reduced, while Guardianship increases, but we are maintaining consensus. Additionally, if we could get abreak out the caseload calculations from the restricted/Federal fund sourcing changes for SDA, FIP, and Foster Care that would be helpful too. • Child support cooperation –How are savings calculated? • Just to confirm – Is the $2.5M transfer to Fam Reunification a simple funding transfer so that no related program operations in FC are being consolidated? Could we receive some background on the plan to use the additional funding in the line? • MRS min wage positions – I think we just discussed the number of positions • Is there any preference between Sec 750 or 752? • Regarding the FTE/program transfers that are aside from the budget restructuring, could you please provide some background on the reasons for the changes? I believe that the Ofc of PP and Med Consultants have been in previous year requests, but I don't remember the details. o 21.0 FTE Admin Support Staff to CS Admin o 1.0 FTE Early On to LOSO (I'm not familiar with the Early On program – could you also provide a program description?) o 8.0 FTE Field Staff to Exec Ops o 21.4 FTE Med Consultants to new line o 20.0 FTE Ofc PP to Exec Ops and LOSO Thanks for your help! -Frances

	K	L
309	RD e-mailed FC 03/05/15 at 1:37pm w/attachment Hi Frances, Responses to your questions submitted February 20th and 25th are incorporated below. We are currently working on responses to your questions received on Tuesday and hope to provide responses soon. Please let me know if additional information is requested. Thanks, Ryan	3/5/2015

	M
309	

	A	B	C	D	E	F	G
310	Frances Carley	SFA	EXEC REC	FY 16 Exec Rec Questions	2/20/2015	2015-0220 B	RD/ABM
311	Frances Carley	SFA		FY 16 Exec Rec Questions	2/20/2015	2015-0220 C	RD/ABM

	H	I
310		
311		

	J
310	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Wednesday, February 25, 2015 11:06 AM To: Bright McClanahan, Amanda (DHS); Doll, Ryan (DHS) Cc: Horn, Daniel (DTMB); Brown, Marlon (DTMB); Viola Wild (vwild@house.mi.gov) Subject: RE: FY 16 Exec Rec questions Thank you! I apologize for the timing, but I need to include some additional questions: • Could you provide a table with the solution for the capped funding overissuance in FY 15? • Regarding the fund source adjustment table, please list which of the adjustments are specific to the Payroll Taxes and Fringe Benefits line item fix. • Is MRS or DHS the designated state agency to manage the Federal vocational funding? • Is the proposal for electronic MiBridges notifications an opt-in policy or an opt-out policy? • What is considered to be indirect costs for Administrative Hearing charges? Has there been any reduction or offset for hearings due to the video conferencing option? • Regarding Kent County privatization, what is the role of the local DHS office there? Is there an office space? Have DHS workers been reassigned to other counties? Thanks, Frances
311	From: Frances Carley [mailto:fcarley@senate.michigan.gov] Sent: Tuesday, March 03, 2015 11:47 AM To: Doll, Ryan (DHS) Subject: RE: FY 16 Exec Rec questions Hi Ryan, I'm forwarding some additional questions: • What is the budget plan for the $1.3 million for performance based funding that is carrying into FY 16? Is any of the funding for Kent County? • There is $1.2 million retained for the single audit costs in FY 16. What are the cost projections in FY 16? Doesn't the audit take place every other year? • Will there be any additional change requests for the SACWIS contract? From what I understand the next contract is due to begin this month. What is the dollar amount of the current contract? • Regarding the Donated Funds Positions, are any of the OPEB costs or other economics paid with GF/GP? Are these FTEs going to be new civil service hires or are they current employees who will transition to be outsourced workers? • What will be the fund sourcing of the legacy costs for the 39.0 FTEs Child Care Licensing Consultants in FY 16 and in the future? • Could you please provide some background on the guardian contract? I'm not sure that my understanding of the process or circumstances is correct • How is the MRS Swift and Sure pilot program targeting former prisoners? Is this part of the IA? Could you please forward a copy of the IA? Thank you! Frances

	K	L
310	RD e-mailed FC 03/05/15 at 1:37pm w/attachment Hi Frances, Responses to your questions submitted February 20th and 25th are incorporated below. We are currently working on responses to your questions received on Tuesday and hope to provide responses soon. Please let me know if additional information is requested. Thanks, Ryan	3/5/2015
311		3/12/2015

	M
310	
311	

	A	B	C	D	E	F	G
312	Viola Wild	HFA		federal SSI benefits provided to MI residents in 2013	7/7/1905	2015-0221	ABM
313	Frances Carley	SFA		I'm looking for past trend report data by county from 2005 to 2012 for FIP, FAP, SER, and Medicaid.	4/1/2015	2015-0222	ABM
314	Frances Carley	SFA		me the FY 14 actual costs of implementing the county hold harmless provision for the administrative rate for all new foster care cases? In FY 15, the appropriation was $5 million. A few weeks ago, Amanda mentioned that the FY 14 actuals would be available in March.	4/14/2015	2015-0223	RD
315	Viola Wild	HFA		Send me a copy of the MOU or agreement with the Department of Education for administering the licensing and other activities for Child Development and Care program?	4/15/2015	2015-0224	SK
316	SFA	SFA		The Senate Fiscal Agency has requested some information on whether the Kalamazoo Gospel Mission receives any funding for homeless shelter services from DHS.	4/23/2015	2015-0225	ABM

	H	I
312		
313		
314		
315		
316		

	J
312	Viola, Per your questions related to SSI State Supplementation: Based on the annual SSI reports, a total of $159 million in federal SSI benefits were provided to eligible MI residents in calendar year 2013. The state benefits supplement these federal funds. http://www.ssa.gov/policy/docs/statcomps/ssi_sc/2013/mi.pdf As we discussed, the state supplementation funds are a de facto maintenance of effort for the entire Medicaid program for the state. We currently pay the minimum required payment for these supplemental benefits. If we reduce that funding, we are violating a federal agreement that will impact the state's entire Medicaid funding source. In 2013, we received over $12.3 billion in Medicaid funding (in comparison to the table included above.) For 2015, the total is estimated at $16.4 billion (based on the original appropriation). There is not an estimate for 2016 available at this time. Thank you, Amanda
313	04/01/15: The first link is the annual report page – these go back to 2007 by county. The second link is the green book page – these go back to 2005, but 2006 is missing. I would have to check into why that might be – my guess is the conversion from legacy systems to Bridges. http://www.michigan.gov/dhs/0,4562,7-124-5459_61179_56550---,00.html http://www.michigan.gov/dhs/0,4562,7-124-5459_61179_10830---,00.html
314	04/14/15: This is the request you are rescinding? Just want to confirm to be safe.
315	04/16/15: Viola, Attached is a copy of the Performance Agreement between the Michigan Department of Education and the Michigan Department of Human Services for the Child Development and Care Program, per your request. Susan Kangas, Director
316	04/23/15 Per Community Services Kalamazoo Gospel Mission does receive DHS funding. They are allocated $252,000 through the Emergency Shelter Program, administered by The Salvation Army Eastern MI Division.

	K	L
312		7/7/2015
313		unknown
314		unknown
315		4/16/2015
316		4/23/2015

	M
312	
313	
314	
315	
316	

	A	B	C	D	E	F	G
317	Frances Carley	SFA		Questions for Conference	5/15/2015	2015-0226	RD
318	Viola Wild	HFA		Homeless Program Funding	5/5/2015	2015-0227	RD
319	Viola Wild	HFA		DHS Merger Question	5/5/2015	2015-0228	SK/RD
320	Viola Wild	HFA		DHS Transfer 2015-4	6/15/2015	2015-0615	SK

	H	I
317		
318		
319		
320		

	J
317	05/20/2015 Below are responses to all outstanding questions received by the department through May 15th. Questions related to SB 334 and CCF administrative rate costs received yesterday afternoon will be provided in a separate email.
318	05/20/15 Hi Viola, Excluding emergency shelters for victims of domestic violence supported by the Domestic violence prevention and treatment line, the Homeless programs line supports the statewide Emergency Shelter Program which is subcontracted by the Salvation Army to local relief agencies.
319	05/20/15 Hi Viola, This question was discussed during workgroup but I wanted to send along a formal follow up as well. The new Local Office Administration and Maintenance line ($22,505,900) in Departmentwide Administration Unit is a combination of all field CSS&M that we could not separate between types of FTE in the field and attribute directly child welfare, cash, or adult services. The new line is comprised of $6,782,500 from the current Child Welfare Services CSS&M line and $15,723,400 from the current Local Office CSS&M line.
320	06/15/15: from SKThe $1.0 million GF/GP included in the transfer is the remaining redetermination adoption assistance program funding in the Adoption subsidies line. The redetermination adoption assistance program was originally appropriated at $7.9 million GF/GP in FY 15 with the intent that the funding would be ongoing, but the appropriation was reduced to $1.0 million GF/GP as part of budget reductions in executive order 2015-5. Ongoing funding was not included in the pending FY 2016 budget. As a result of the uncertainty and reduction in funding to support this program on an on-going basis, the department has to date, held off on making redeterminations and distributing funds to avoid implementing a program that could not be maintained past September 30th. Now that the on-going funding is removed from the budget for FY 16, the department believes it best to transfer these funds within the realm of adoption services to maintain some semblance of the legislature's initial attempt to aid adoptive families while doing so in a way that does not promise funds for families that will not exist in future years. MDHHS proposes using the $1.0 million transfer to the Adoption support services line to provide additional aid to adoptive families in the following ways: 1. Amend/increase Post Adoption Resource Center (PARC) Contracts. See description below and the link at this website for additional information: http://www.michigan.gov/dhs/0,4562,7-124-60126_7116_63826_63829---,00.html Post Adoption Resource Centers Our post adoption resource centers are here to support you through the life-long journey of adoption. The centers provide individuals under the age of 21, who were adopted from Michigan's foster care system and their families with support, education, training, advocacy, information, service coordination and case management services. Services are also available to children under the age of 18 who were placed in guardianship from Michigan's foster care system and who are eligible for Michigan's guardianship assistance program. If your adoption is final, contact a center in your area to learn more about the resources and support available to you and your family. There are 8 PARC contracts; the current PARC providers are Judson Center, Bethany Christian, Orchards Children's Services, and Good Will Farm. Four of these contracts extend through 9/30/17 and the other four expire 9/30/15. Below is a website for one of our PARC partners: http://www.parc-judson.org/

	K	L
317		unknown
318		5/20/2015
319		5/20/2015
320		6/15/2015

	M
317	
318	
319	
320	

	A	B	C	D	E	F	G
321	Marlon Brown	SBO	BOILERPLATE	Multiple	01/052016	2016-0001	SK

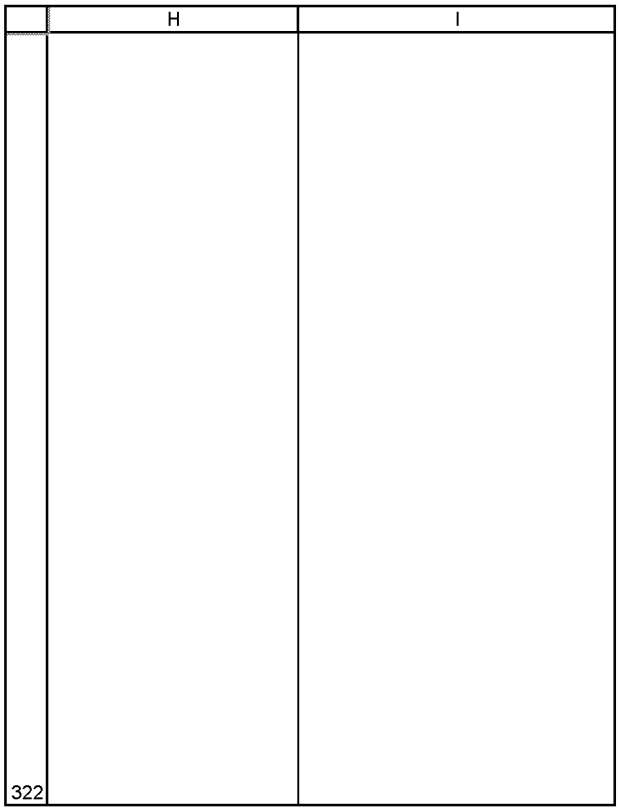
	H	I
	1/6/2016	1/7/2016
321		

	J
321	From: Brown, Marlon (DTMB) Sent: Tuesday, January 5, 2016 5:06 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: Additional FY 2017 Human Services Boilerplate Questions Hello Susan and Amanda, We are aggressively working to finalize boilerplate for the human services sections, and need your assistance in responding to the following questions posed by management: • Section 233 – Given that FY17 will be year 3 of the DCH/DHS merger, is quarterly reporting still appropriate? The Department recommended deletion of this Section. • Section 401 – What was the FY15 federal child support incentive payment? • Section 409 – How much in retained child support collections were received in FY15? • Section 503(5) – This section limits performance-based funding implementation to counties where all affected parties have agreed to participate. Why should we retain this restrictive language? The Department only received funding for the pilot group? • Section 613(2) – The department proposes deleting language that includes the cremation permit fee. Is this language needed, and if so should it remain in subsection 2 or be moved to subsection 1? The Department recommended deletion because all of the increases in subsection 2 were reflected in the subsection 1 rates for FY16. • Section 630 – When will the FIP suspicion-based drug testing pilot program be completed? • Section 654 – Isn't it current policy that the department notifies FAP recipients that benefits can be used at farmers' markets? Why should this language be retained? ? • Section 677(3) – For FY 2015 the data required in subsection c was not available until the 4th quarter. Does the department anticipate a similar delay in available data for FY 2016, or will the data be more readily available for each quarter? Wasn't this due to the timing of the PATH program start up? Thus, this year data will be available. • Section 695(3) – This section requires the department to convene a workgroup to discuss competitive bidding for multicultural integration funding. Has the department convened the work group yet? ? • Section 709(3) – The first sentence of this section seems important. Should it be retained in FY 2017? I agree it seems important, perhaps our master contract already requires this? • Section 803 – This section references the most recent auditor general report regarding Michigan Rehabilitation Services. Was this in 2012? If so, is it reasonable to keep reporting on an audit that is several years old? No, unless deficiencies still are an issue.

	K	L
	From: Kangas, Susan (DHHS) Sent: Wednesday, January 6, 2016 10:09 AM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Additional FY 2017 Human Services Boilerplate Questions Hi Marlon, Our responses to your boilerplate questions are below. Let me know if you have any follow-up questions. You can call if that's more expedient, since I know you're on a tight deadline. Going forward, could you please include Jill Stigall on your budget questions in addition to Amanda and me? Thanks, Susan 3-7914 From: Brown, Marlon (DTMB) Sent: Tuesday, January 5, 2016 5:06 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: Additional FY 2017 Human Services Boilerplate Questions Hello Susan and Amanda, We are aggressively working to finalize boilerplate for the human services sections, and need your assistance in responding to the following questions posed by management: • Section 233 – Given that FY17 will be year 3 of the DCH/DHS merger, is quarterly reporting still appropriate? No, it isn't. The Department recommended deletion of this section because the merger will be complete. • Section 401 – What was the FY15 federal child support incentive payment? In FY15, the Child Support program received incentive revenue of $25,182,200.	1/6/2016
321	• Section 409 – How much in retained child support collections were received in FY15? The statewide retained child support collections in FY15 were $12,146,099.	

	M
321	

	A	B	C	D	E	F	G
322	Chris Harkins	SBO	LEGISLATION	Multiple	1/7/2016	2016-0002	SK


H
I
322

	J
322	From: Kangas, Susan (DHHS) Sent: Thursday, January 7, 2016 11:03 AM To: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: Legislation Needed Chris, Farah said you called to see if we are aware of any needed legislation for the FY17 budget. Depending on what SBO decisions are, changes may need to be made to the Social Welfare Act for the following: 1. County Hold Harmless Provisions MCL 400.117a has several Child Care Fund hold harmless provisions that are “subject to appropriations” and also that sunset on September 30, 2016. If the hold harmless funding is continuing, than the sunsets need to be extended. http://www.legislature.mi.gov/(S(qoyzqau5y4y25k1l1noudbci))/mileg.aspx?page=getobject&objectname=mcl-400-117a&query=on&highlight=child%20AND%20care%20AND%20fund 2. Drug Testing Pilot The current statutory authority has the pilot ending 9/30/16. Depending on pilot funding and continuation or expansion decisions, legislation could potentially be needed. http://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0394.pdf http://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0395.pdf If you’re able to share decisions in these two areas, then we could potentially assess the particular legislative changes needed, if any. Susan

	K	L
322		

	M
322	

	A	B	C	D	E	F	G
323	Viola Wild	HFA	CASELOAD DATA	32500-Family Independence Program	1/12/2016	2016-0003	AJ

	H	I
	1/14/2016	1/16/2016
323		

	J
	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Tuesday, January 12, 2016 2:55 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Legislative Information Request Hi Susan, I was looking at the request I sent you and I realized I didn't ask for any type of aggregate dollar amount of funding for these recipients in each year. If that is available, can that be included as well? Thanks! From: Kangas, Susan (DHHS) [mailto:KangasS1@michigan.gov] Sent: Tuesday, January 12, 2016 2:16 PM To: Viola Wild <vwild@house.mi.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: Legislative Information Request Hi Viola, The individuals who could provide this info are out of the office due to the weather today, but we will begin work on it and get a response to you soon. Susan From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Tuesday, January 12, 2016 11:46 AM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: Legislative Information Request Hi there. I have a legislative request for information concerning FIP refugee recipients.
323	

	K	L
323	Viola, In response to your request, the table below represents data on FIP recipients who have the specific immigration status of “refugee”: FIP recipients who are refugees Count of Cases - Count of Persons - Sum of FIP Payments FY2014 2,099 7,126 $6,834,872.90 FY2015 1,524 5,207 $4,687,430.57 Susan	1/24/2016

	M
323	

	A	B	C	D	E	F	G
324	Marlon Brown	SBO	BOILERPLATE	Multiple	1/13/2016	2016-0004	SK

	H	I
	1/15/2016	1/15/2016
324		

	J
	From: Brown, Marlon (DTMB) Sent: Wednesday, January 13, 2016 12:00 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Additional FY 2017 Human Services Boilerplate Questions Hello Susan, We have just a few more questions before we finalize our boilerplate. Section 850(6) – Are the donated funds positions identified in subsection (6) treated differently than the out-stationed eligibility specialists identified in subsection (1)? No If not, then do the sites listed in subsection (1) adequately cover these 200 FTEs that were added in FY 2016? Yes Section 1422(2) – Is there value to producing this particular report? Have the reports shown that this contract is beneficial? A review of the report, prepared by the Prosecuting Attorneys Association of Michigan last year supports that the contract is beneficial. Feedback from both fiscal agencies was that the report be retained as the requirement was a legislative request. (This was Section 420 (2) last year) Section 708 – We are being asked to come up with some language on reporting child care fund expenditures, similar to data reports that the department already provides to the legislature on other child welfare and public assistance programs. We solicit your feedback on the following language that would be incorporated into Section 708: By the end of each fiscal quarter of the current fiscal year, the department shall submit a report to … describing the following information: (a) Year to date expenditures for the child care fund (b) Year to date child care fund reimbursements by county (c) Outstanding or anticipated county claims not reflected in the year to date expenditures (d) Counties that received reimbursements in excess of their approved service spending plan The Department does not have a problem with the additional requirement of 708, with the exception of the due date. Do to timing of financial reports we recommend "Within 30 days of the end of each fiscal quarter"
324	

	K	L
324	From: Kangas, Susan (DHHS) Sent: Wednesday, January 13, 2016 10:43 PM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Additional FY 2017 Human Services Boilerplate Questions See below. From: Brown, Marlon (DTMB) Sent: Wednesday, January 13, 2016 12:00 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Additional FY 2017 Human Services Boilerplate Questions Hello Susan, We have just a few more questions before we finalize our boilerplate. Section 850(6) – Are the donated funds positions identified in subsection (6) treated differently than the out-stationed eligibility specialists identified in subsection (1)? If not, then do the sites listed in subsection (1) adequately cover these 200 FTEs that were added in FY 2016? The 200 positions in subsection (6) are treated no differently than the other donated funds positions. The sites listed in subsection (1) generally cover the waters (“community-based organization is pretty all-encompassing), but you could add “adult placement and independent living settings” and “federal qualified health clinics” to the list. Section 1422(2) – Is there value to producing this particular report? Have the reports shown that this contract is beneficial? The program office has been happy with this partnership and the work performed by PAAM to address elder abuse and financial exploitation. The contract could be effectively monitored without requiring a report to the legislature. Section 708 – We are being asked to come up with some language on reporting child care fund expenditures, similar to data reports that the department already provides to the legislature on other child welfare and public assistance programs. We solicit your feedback on the following language that would be incorporated into Section 708: I have some questions and comments on this suggested language that could better be addressed by phone – see below. Also, I am wondering what	1/13/2016

	M
324	

	A	B	C	D	E	F	G
325	Scott Starr	SBO	LEGISLATION		1/13/2016	2016-0005	SK

	H	I
	1/13/2016	1/13/2016
325		

	J
325	From: Starr, Scott (DTMB) Sent: Wednesday, January 13, 2016 11:40 AM To: Priest, Chris (DHHS) <PriestC1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov> Subject: Questions regarding specialty drugs Hi everybody, I mentioned this to Karla a few days ago. Sen. Hildenbrand's Office had a couple initial questions regarding the specialty drugs, and I had convinced myself there was a FAQ document I had seen that answered those questions and others. Karla has convinced me it was my imagination. That said, I'm wondering if you might be able to help answer these two questions: • Are these medications currently covered by most or all private insurance policies (has coverage essentially become the standard/do my constituents have coverage for these through their individual health insurance)? • What steps has DHHS taken or what steps will it take to reduce the costs of these specialty meds through manufacturer rebates or other means? We have a meeting with Sen. Hildenbrand later this afternoon, so if there's any way you can address these quickly, it would be greatly appreciated.

	K	L
325	From: Hanley, Farah (DHHS) Sent: Wednesday, January 13, 2016 2:32 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: Fwd: Questions regarding specialty drugs Please share w the team Sent from my iPhone Begin forwarded message: From: "Emerson, Erin (DHHS)" <EmersonE@michigan.gov> Date: January 13, 2016 at 2:26:58 PM EST To: "Hanley, Farah (DHHS)" <hanleyf@michigan.gov> Cc: "Priest, Chris (DHHS)" <PriestC1@michigan.gov> Subject: RE: Questions regarding specialty drugs Here you go. Please share with Scott and anyone else who needs it. • Are these medications currently covered by most or all private insurance policies (has coverage essentially become the standard/do my constituents have coverage for these through their individual health insurance)? Yes, these medications are currently covered by most private insurance policies (e.g. BCBSM, State Employee Health Plan, Priority, HAP/Midwest, etc.). In particular, the new Hepatitis C drug therapies, which are curative in nature, are considered the current 'standard of care' in lieu of the older, less effective products. Clinical coverage requirements and product preferences vary by individual insurer based upon their individual drug manufacturer rebate/pricing agreements and recommendations by their P&T Committees. • What steps has DHHS taken or what steps will it take to reduce the costs of these specialty meds through manufacturer rebates or other means? The DHHS reduces its drug costs for all outpatient covered drugs through a combination of Federal Medicaid rebates and additional Supplemental drug manufacturer rebates available via the National Medicaid Pooling Initiative (NMPI), the multi-state Medicaid pharmaceutical purchasing pool administered by our rebate vendor, Magellan Medicaid Administration, Inc. /Provider Synergies. In addition to manufacturer rebates the DHHS continues to evaluate other opportunities to reduce the high cost of specialty drug products today and on the horizon through its reimbursement policies, utilization management/case management programs	1/13/2016

	M
325	

	A	B	C	D	E	F	G
326		INTERNAL	GENERAL QUESTIONS		1/13/2016	2016-0006	SK

	H	I
	1/14/2016	1/15/2016
326		

	J
326	From: "Ruest, Karla (DHHS)" <RuestK@michigan.gov> Date: January 13, 2016 at 2:39:55 PM EST To: "Moran, Susan (DHHS)" <MoranS@michigan.gov>, "Hanley, Farah (DHHS)" <hanleyf@michigan.gov> Subject: Childhood obesity programs Sue and Farah, Do we have any idea of how much money we spend on Childhood obesity programs in the current year? Karla Ruest Director, Legislative Affairs Department of Health and Human Services Capitol View Building, 7th floor 201 Townsend Street Lansing, MI 48913 (517) 373-1629

	K	L
	From: Boyd, Jeremy (DHHS) Sent: Friday, January 15, 2016 3:34 PM To: Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: RE: Childhood obesity programs Hi Farah, The following childhood obesity program funding estimates have been identified by Population Health program staff: Chronic Disease and Injury Control - Cardiovascular Health $1,433,400 (Before and After School - $1,000,000, Snap Ed $370,600, and School Health - $62,800) Family, Maternal, and Child Health $1,250,000 (Child & Adolescent Health Centers - $1,000,000 est. and Michigan Model for Health - $250,000 est.) $2,683,400 Total Population Health I do want to qualify these figures above as just being estimates as we do not have coding specific to childhood obesity, but the program staff provided their best estimates. Also, I talked with Melissa Mires and she thought that there might be some funding from Medicaid as well, but Pam and Debra are out this afternoon so I would have to double check with after the weekend. I hope you find this information helpful. Please let me know if you have additional questions. Jeremy Boyd 517-241-3784	1/15/2016
326		

	M
326	

	A	B	C	D	E	F	G
327	Viola Wild	HFA	LEGISLATION		1/25/2016	2016-0007	AJ

	H	I
	2/1/2016	2/4/2016
327		

	J
	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Monday, January 25, 2016 4:31 PM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: RE: Legislative Information Request I wouldn't need this info until late next week – not before February 4th or 5th. If it is available and I could get it by then or the first of the following week, that would be fine. I have a longer time frame than normal on this request. I appreciate you looking into this for me. Thanks, ~Viola From: Stigall, Jill (DHHS) [mailto:StigallJ1@michigan.gov] Sent: Monday, January 25, 2016 4:28 PM To: Viola Wild <vwild@house.mi.gov> Cc: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: RE: Legislative Information Request Hi Viola, We are checking to see if this information is readily available or will take some research. What timeframe will meet your needs? From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Monday, January 25, 2016 4:05 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: Legislative Information Request Hi there. As part of the year-end information request we receive from DHHS, there is a chart concerning the Child Care Fund that shows how much the counties expend in aggregate each year. Can you provide me with the county level data for the total amount of CCF each county individually expends in a year?
327	

	K	L
327		

	M
327	

	A	B	C	D	E	F	G
328	John Maxwell	SFA	BOILERPLATE		1/26/2016	2016-0008	SK

	H	I
328	0126/2016	1/26/2016

	J
328	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Tuesday, January 26, 2016 10:30 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov> Subject: PA 84 of 2015 Article X Part 2 Section 234 TANF-MSF IA Susan, I am currently reviewing the boilerplate and I came across the section pertaining to the TANF/Michigan Strategic Fund interagency agreement. Since the agreement was to be signed by 1/1/2016, has the interagency agreement indeed been signed? If so, can I get a copy of that agreement. Best, John

	K	L
328	Hi John, The signed interagency agreement is attached. Susan Susan Kangas, Director Bureau of Budget Michigan Department of Health and Human Services 517-373-7787	1/26/2016

	M
328	

	A	B	C	D	E	F	G
329	Ellyn Ackerman	SFA	LEGISLATION		1/13/2016	2016-0009	CM

	H	I
	1/20/2016	1/20/2016
329		

	J
	From: Ellyn Ackerman [mailto:EAckerman@senate.michigan.gov]
	Sent: Wednesday, January 13, 2016 11:59 AM
	To: Masterson, Cindy (DHHS) <MastersonC@michigan.gov>
	Subject: Transfer Request 2016-1
	Cindy,
	In anticipation of your transfer request backgrounds there were a couple things I was hoping you could include for me. First I noticed that the Gross amount requested for Hepatitis C in Traditional Medicaid is slightly different than what was sent over in the cost breakdown right after the P&T committee meeting (although the GF/GP costs are the same). I've included a copy of a table I created summarizing the cost breakdown we received for the Hepatitis C drug. I'm looking for some clarity on why the Gross costs changed. Second I'm hoping to provide a breakdown for the Cystic Fibrosis drug similar to the one we received for Hepatitis C. As you can see in the table below I have it grouped by the number of affected patients in Traditional Medicaid, the number of patients in the HMP plan, as well as a corrections portion. I attempted to create something similar using the funding source information SBO sent over earlier, but it doesn't quite mesh with what I'm seeing in the transfer. If I could get the breakdown of the 320 Cystic Fibrosis patients between their programs, that would be very helpful.
	Table 1: Annual Medicaid Costs for Hepatitis C Treatment
	Hepatitis C FY 2015-16
	Traditional Medicaid Healthy Michigan MDOC Total
	Number of Patients 2,735 786 170 3,691
	Average Cost Per Patient $ 46,550 $ 46,550 $ 94,500 -
	Gross Costs $ 127,314,300 $ 36,588,300 $ 16,065,000 $ 179,967,600
	FY 16 Base Adjustments $ (2,200,000) $ (2,200,000)
	GF/GP Costsa $ 43,796,100 $ - $ 13,865,000 $ 57,661,100
	aAssumed Match Rate 34.40% 0%
	FY 2016-17
	Traditional Medicaid Healthy Michigan MDOC Total
	Number of Patients 5,470 1,572 230 7,272
	Average Cost Per Patient $ 46,550 $ 46,550 $ 94,500
	Gross Costs $ 254,628,500 $ 73,176,600 $ 21,735,000 $ 349,540,100
	FY 16 Base Adjustments $ (4,400,000) $ (4,400,000)
	GF/GP Costsa $ 88,738,000 $ 2,744,100 $ 17,335,000 $ 108,817,100
329	aAssumed Match Rate 34.85% 3.75%

	K	L
329	Hi Ellyn. Attached is the updated worksheet for Orkambi. This information should not be compared to Hep C. because it is anticipated that once the drug is available, all candidates will be treated in FY16. Please let me know if you have any additional questions. Cindy Masterson Health Services Budget Director Department of Health and Human Services 320 South Walnut Lansing, MI 48933 517-241-2409	1/26/2016

	M
329	

	A	B	C	D	E	F	G
330	John Maxwell	SFA	GENERAL QUESTIONS	74290-Child Care Fund	1/29/2016	2016-0010 A	JS

	H	I
	2/2/2016	2/8/2016
330		

	J
330	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Friday, January 29, 2016 11:30 AM To: Yager, Steve (DHHS) <YagerS@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: RE: FY 2014 & 2015 Total Child Care Fund Expenditures Total In-home care expenditures, pardon my mistake. From: John Maxwell Sent: Friday, January 29, 2016 11:15 AM To: 'Yager, Steve (DHHS)' <YagerS@michigan.gov>; 'Kangas, Susan (DHHS)' <KangasS1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Ruest, Karla (DCH) <RuestK@michigan.gov> Subject: FY 2014 & 2015 Total Child Care Fund Expenditures Steve/Susan, I am not sure if this is published anywhere on the DHHS site, but I would like a breakdown of the expenditures for the CCF for 2014 and 2015. Please provide the total expenditures for out of home care in the following categories: Court Operated Detention, Other Institution*, Private Institution, Foster Care, Independent Living, and the total expenditures for Out-of-home placements. I got the categories from this briefing: http://www.michigan.gov/documents/dhs/Child_Care_Fund_historical-bullets-rev2012_433602_7.pdf It does not look like it has been updated in a few years, so if I am missing this information somewhere else on the department's site I apologize for overlooking it. Thanks, John

	K	L
330	John, Attached is the CCF information you requested for FY's 2014 and 2015. Susan	2/2/2016

	M
330	

	A	B	C	D	E	F	G
331	John Maxwell	SFA	GENERAL QUESTIONS	74290-Child Care Fund	2/5/2016	2016-0010 B	SK

	H	I
	2/9/2016	2/9/2016
331		

	J
	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Friday, February 5, 2016 9:42 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Yager, Steve (DHHS) <YagerS@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: FY 2014 & 2015 Total Child Care Fund Expenditures Susan, Thank you for the information. Is there a report with the days of care included? From: Kangas, Susan (DHHS) [mailto:KangasS1@michigan.gov] Sent: Tuesday, February 2, 2016 3:23 PM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: Yager, Steve (DHHS) <YagerS@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: FW: FY 2014 & 2015 Total Child Care Fund Expenditures John, Attached is the CCF information you requested for FY's 2014 and 2015. Susan From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Friday, January 29, 2016 11:39 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Yager, Steve (DHHS) <YagerS@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov> Subject: RE: FY 2014 & 2015 Total Child Care Fund Expenditures No rush at all. I am updating the workbooks we have and want to make sure we have a complete set of data on the CCF. Around the time the budget is released or sometime shortly thereafter would be fine for my purposes.
331	

	K	L
331	From: Kangas, Susan (DHHS) Sent: Thursday, February 25, 2016 4:15 PM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: Yager, Steve (DHHS) <YagerS@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Subject: RE: FY 2014 & 2015 Total Child Care Fund Expenditures John, The attached tables show days of care for FY14 and FY15 out of home care only. We do not have a days of care report for in-home services. Susan	2/25/2016

	M
331	

	A	B	C	D	E	F	G
332	Marlon Brown	SBO	FEDERAL FUNDS		1/30/2016	2016-0011	SK

	H	I
	2/3/2016	2/8/2016
332		

	J
332	From: Brown, Marlon (DTMB) Sent: Saturday, January 30, 2016 1:09 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Harkins, Chris (DTMB) <HarkinsC1@michigan.gov> Subject: Capped Federal Funds Worksheet Susan, Jill, and Amanda, We need your assistance with trying to finalize our worksheet highlighting capped federal funds shared between state departments. I believe we usually consult the Appropriation Fund Source Analysis for this exercise, but I am not sure we have the latest version of that document. Nevertheless, if you would be so kind as to help us update these specific funds for FY 17 and 18 that would be extremely helpful. I have attached the table from the FY16 Executive Recommendation and highlighted the funds in question. We need to have this updated by Tuesday, so if you could respond by COB on Monday that would be very helpful. Thanks, -Marlon Marlon I. Brown Budget and Policy Analyst Office of Health and Human Services State Budget Office Phone: 517.241.7578 Email: brownm55@michigan.gov

	K	L
332	From: Kangas, Susan (DHHS) Sent: Tuesday, February 2, 2016 3:13 PM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Capped Federal Funds Worksheet Requested information is below. The appropriated amounts should be as follows (for both years): 16.588 Violence Against Women: $3,379,400 84.002 Adult Education – State Program: $21,000 84.013 (now 93.369) Title I Program for Neglected and Delinquent Children: $114,700 84.027 Special Education – Grants to States $66,600 84.048 Vocational Education – Basic Grants to States $97,000 93.568 Low-Income Home Energy Assistance $174,951,600	2/2/2016

	M
332	

	A	B	C	D	E	F	G
333	Kyle Jen	HFA	GENERAL QUESTIONS		2/2/2016	2016-0012	FH
334	Karla Ruest	INTERNAL	GENERAL QUESTIONS		1/29/2016	2016-0013	FH

	H	I
333	2/2/2016	2/2/2016
334	2/3/2016	2/4/2016

	J
333	From: Kyle Jen [mailto:kjen@house.mi.gov] Sent: Tuesday, February 2, 2016 1:33 PM To: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Kevin Koorstra <kkoorstra@house.mi.gov> Subject: CMH services in Flint Chris/Farah: We've been asked to follow up with you on the $3.87m in HB 5220 for CMHs, to fund crisis services and additional behavioral health and development services. Specific questions: • What's the anticipated timeline for these services to begin? • How many children do you estimate the appropriation will support services for? • If the state's request for all children in Flint to be made Medicaid-eligible isn't approved, we would then anticipate a higher amount of GF/GP funding being needed, in order to cover services to non-Medicaid eligible children? Is there any estimate as to what percentage of children who will receive the services are already eligible for Medicaid? Whatever information you can provide in the immediate future would be appreciated. Let me know if the questions need any clarification. Thanks, Kyle 3-5015
334	From: "Ruest, Karla (DHHS)" <RuestK@michigan.gov> Date: February 1, 2016 at 12:45:26 PM EST To: "Hanley, Farah (DHHS)" <hanleyf@michigan.gov> Subject: FW: Rep. Chatfield request letter Are you best able to answer these questions? If you want to give me the data, I am happy to put the letter together for the Director. From: MDHHS-Legislative (MDHHS) Sent: Friday, January 29, 2016 4:36 PM To: Lyon, Nick (DHHS) <LyonN2@michigan.gov>; Grijalva, Nancy (DHHS) <GrijalvaN@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Hertel, Elizabeth (DHHS) <HertelE@michigan.gov> Subject: FW: Rep. Chatfield request letter Importance: High The attached letter came to the MDHHS Constituent Services e-mail box.

	K	L
333	From: Hanley, Farah (DHHS) Sent: Tuesday, February 2, 2016 4:19 PM To: Kyle Jen (kjen@house.mi.gov) <kjen@house.mi.gov> Cc: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kevin Koorstra (kkoorstra@house.mi.gov) <kkoorstra@house.mi.gov> Subject: FW: CMH services in Flint See our responses below: From: Kyle Jen [mailto:kjen@house.mi.gov] Sent: Tuesday, February 2, 2016 1:33 PM To: Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Cc: Kevin Koorstra <kkoorstra@house.mi.gov> Subject: CMH services in Flint Chris/Farah: We've been asked to follow up with you on the $3.87m in HB 5220 for CMHs, to fund crisis services and additional behavioral health and development services. Specific questions: • What's the anticipated timeline for these services to begin? • How many children do you estimate the appropriation will support services for? • If the state's request for all children in Flint to be made Medicaid-eligible isn't approved, we would then anticipate a higher amount of GF/GP funding being needed, in order to cover services to non-Medicaid eligible children? Is there any estimate as to what percentage of children who will receive the services are already eligible for Medicaid? Whatever information you can provide in the immediate future would be appreciated. Let me know if the questions need any clarification. Thanks, Kyle 3-5015	2/2/2016
334	Refer to emails with 2016-0013 referenced	2/11/2106

	M
333	
334	Followup email to SK and CM 02/09/16 JAS

	A	B	C	D	E	F	G
335	Susan Frey	HFA	GENERAL QUESTIONS		1/4/2016	2016-0014	SK
336	Viola Wild	HFA	GENERAL QUESTIONS		2/10/2016	2016-0015	JS

	H	I
335	2/8/2016	2/8/2016
336	2/12/2016	2/12/2016

	J
335	From: Susan Frey [mailto:sfrey@house.mi.gov] Sent: Thursday, February 4, 2016 10:52 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: Water Procurement under Flint Supplemental Hi Susan, Cindy, and Jill, We have been asked for details of the procurement of bottled water for the City of Flint, as funded with $4.6 million GF/GP to DHHS under the recent supplemental (Act 3 of 2016 – HB 5220). Can you please advise on the following questions: - Who is/did the State buy bottled water from with this funding? - How is/did the procurement process work for this bottled water purchase? Please provide details of the contract o RFP/RFQ, or existing contract (if so for what), etc. Please feel free to call if that is more convenient! 373-8912 Thanks for your help. Sue Frey House Fiscal Agency
336	Health Services Budget Division Send federal rule on Medicare Part B premium adjustment PACE program detail by organization (enrollees?)

	K	L
335	From: Kangas, Susan (DHHS) Sent: Tuesday, February 09, 2016 10:40 AM To: Susan Frey <sfrey@house.mi.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Water Procurement under Flint Supplemental The brand of water that has been provided through the Home Depot contract is Niagara. Susan From: Susan Frey [mailto:sfrey@house.mi.gov] Sent: Tuesday, February 9, 2016 9:45 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Water Procurement under Flint Supplemental Thank you very much Susan. The only potential question I may still get is whether we know what brand(s) of bottled water are being purchased through this contract, again specifically relating to the latest $4.6 million of funding. Do you have any information on that? Thanks, Sue From: Kangas, Susan (DHHS) [mailto:KangasS1@michigan.gov] Sent: Tuesday, February 9, 2016 1:00 AM To: Susan Frey <sfrey@house.mi.gov>; Masterson, Cindy (DHHS) <MastersonC@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: Water Procurement under Flint Supplemental Hi Sue, The water resources were procured through a statewide contract with Home Depot. This statewide contract (#071B2200178) has been in effect since 5-15-12 and expires 7-31-16. Contract Change Notice #5, effective 1-13-16, added $30,000,000 for the imminent protection of public health and safety because of the State of Emergency declared in the City of Flint. Bottled water, water pitchers, and faucet mount filters have all been purchased through this contract.	2/9/2016
336		

	M
335	
336	

	A	B	C	D	E	F	G
337	Viola Wild	HFA	EXEC REC		2/11/2016	2016-0015a	JS

	H	I
	2/12/2016	2/12/2016
337		

	J
	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Thursday, February 11, 2016 12:06 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Cc: John Maxwell <JMaxwell@senate.michigan.gov> Subject: DHHS- HS Questions Hi there. Can you provide additional information concerning the following three items in the Executive Recommendation: 1. The $10.0 M additional one-time TANF funding for Family Preservation and Support Services – can you give me basic information on the Parent Partner Program (the Program Descriptions document provides info on the Family Reunification Program and others, but not the Parent Partner Program). The Exec Rec detail document states that the parent Partner Program will be expanded to 10 more counties – can you tell me approximately how many counties currently have the program in use? Also, do have an estimation of about how much of the additional $10.0 M will be used for each of the programs – basically, how is the money expected to be split? 2. MISACWIS additional funding – 1x and ongoing increases. Can you please provide information concerning what these increases are to be used for and what improvements/additional software/etc are anticipated to be funded? The MiSACWIS Proposal for Change Initiative increases the tools available to child welfare staff to: o Increase the effectiveness of safety plans to reduce or prevent further risk and harm to children. o Increase the performance of the Centralized Intake Hotline for mandated reporting sources. o Provide more efficient tools for permanency planning to keep children safely in their homes and reduce the number of children coming into the foster care system. o Further reduce families who need long term assistance in child welfare. o Utilize the Integrated Service Delivery (ISD) Portal, which is being created as part of the DHHS Modernization initiative. The MiSACWIS Proposal for Change Initiative must be complete in FY17 to meet Federal compliance standards and new State policy initiatives. 337 3. Multicultural Integration – Can you provide the breakout of the new funding – which groups are expected to see the increase? Chris H. mentioned it in the meeting,

	K	L
	Hi Viola, 1. The Parent Partner Program currently is offered in Wayne County only, but would expand to Genesee and Macomb counties with the additional funding recommended in the Executive Budget (just 2 counties – not 10 as stated in the Exec Rec materials). Below is information about the program. The Parent Partner Program is an in-home approach to parent mentoring by employing former foster care service recipients who have achieved reunification and maintained their children in their care. These parents provide in-home support, mentoring and concrete services to referred parents who are working toward reunification for their families. The service is designed to assist the family with achieving reunification within six months of the referral to the program. As staffed, the program creates full-time employment for the Parent Partner and decreases dependence on public assistance. The cost effectiveness of the service is evidenced by the intervention costs being lower than continued out of home placement. Once a plan is established for reunification of the child(ren), the birth family may receive Family Reunification Program services. The average service cost per family is approximately $3,750 for a six-month intervention. During FY 2014, 196 families were reunified within six months of referral to Parent Partner services. Follow-up data indicates that of the 196 reunified, 195 families have remained safely reunified for both the six and twelve month periods following the close of services. The Parent Partner Program decreases time in care for children while increasing parental resilience for both the client parent and the employed parent partner, and therefore, decreases the potential for return to care. The approximate breakout of the $10 million (over 3 years) is: $2.4 million for Parent Partner $7.2 million for the Family Reunification Program $0.4 million for 1.0 FTE and associated costs 2. MiSACWIS Additional Funding The MiSACWIS technical system enhancements will provide tools to the child welfare social workers to: • Increase the effectiveness of safety plans to reduce or prevent further risk and harm to children. • Increase the performance of the Centralized Intake Hotline for mandated reporting sources. • Provide more efficient tools for permanency planning to keep children safely in their homes and reduce the amount of children coming into the foster care system. • Further prevent families needing long term assistance in child welfare. • Utilize the Integrated Service Delivery Portal (ISD) being created as part of the DHHS Modernization. A detailed budget is below. Additional information on the enhancements is also attached.	2/13/2016
337		

	M
337	

	A	B	C	D	E	F	G
338	Marlon Brown	SBO	FEDERAL FUNDS	Multiple	1/26/2016	2016-0016	SK

	H	I
	2/1/2016	2/1/2016
338		

	J
	From: Brown, Marlon (DTMB) Sent: Tuesday, January 26, 2016 5:22 PM To: Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Subject: RE: DHHS Restricted Revenue and Expenditure Projections (Form D)
	Hello DHHS Colleagues,
	We have a few questions regarding the human services restricted funds. If you could please reply by the end of the week that would be greatly appreciated.
	Second Injury Fund (8105): The Form D that was submitted does not include any revenue or expenditure information for this fund for FY15 through FY18. We do need to populate this information for inclusion in the budget book; therefore, any data that you can share would be greatly appreciated.
	Rehabilitation Service Fees (8104): Revenue and expenditure projections for this fund are listed at $37,400; however, the FY16 appropriation is $1.4 million and we are carrying similar amounts for the FY17 Executive Recommendation. Can you please help us understand why there is so much discrepancy between you estimated revenues and expenditures and what is attributed to this fund in current law.
	Child Support Collections (3291): Your expenditure projections for FY16, 17, and 18 total $13.9 million. The FY16 appropriation is $12.2 million and we are estimating an FY17 Exec Rec of $10.9 million attributed to this fund. Is there a legitimate reason to keep the expenditure level at your projection of $13.9 million or are you amenable to our changes?
	Local Funds – County Chargeback (0904): Your expenditure projections for FY16, 17, and 18 total $24.9 million. The FY16 appropriation is $17.7 million and we are estimating an FY17 Exec Rec of $18.7 million attributed to this fund. Is there a legitimate reason to keep the expenditure level at your projection of $24.9 million or are you amenable to our changes?
	Crime Victims' Rights Fund (0205): Your expenditure projections for FY16, 17, and 18 total $12.8 million. The FY16 appropriation is $18.8 million and we are estimating an FY17 Exec Rec of $18.8 million attributed to this fund. Is there a legitimate reason to keep the expenditure level at your projection of $12.8 million or are you amenable to our changes?
	Thanks,
338	Marlon

	K	L
	From: Masterson, Cindy (DHHS) Sent: Monday, February 1, 2016 4:21 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Subject: RE: DHHS Restricted Revenue and Expenditure Projections (Form D) If your note blind carbon copied the mailbox then my response should have gone there too. Cindy Masterson Health Services Budget Director Department of Health and Human Services 320 South Walnut Lansing, MI 48933 517-241-2409 From: Kangas, Susan (DHHS) Sent: Monday, February 1, 2016 4:20 PM To: Masterson, Cindy (DHHS) <MastersonC@michigan.gov> Subject: RE: DHHS Restricted Revenue and Expenditure Projections (Form D) Did you cc the mailbox? From: Masterson, Cindy (DHHS) Sent: Monday, February 1, 2016 3:29 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov> Cc: Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Baker, Amanda J. (DHHS) <BakerA3@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: RE: DHHS Restricted Revenue and Expenditure Projections (Form D) I have updated the information for the Crime Victims' Fund (0205) in green. Cindy Masterson Health Services Budget Director	2/1/2016
338		

	M
338	

	A	B	C	D	E	F	G
339	Susan Frey	HFA	GENERAL QUESTIONS		2/1/2016	2016-0017	CM

	H	I
	2/3/2016	2/8/2016
339		

	J
	From: Susan Frey [mailto:sfrey@house.mi.gov] Sent: Monday, February 1, 2016 3:00 PM To: Boyd, Jeremy (DHHS) <BOYDJ1@michigan.gov> Subject: Lead ABatement Hi Jeremy, I am trying to respond to some questions about lead abatement. We used to receive a legislative report through FY 2010-11 that helped me with some of this data, but not since then. Can you help get this information? or if possible I would be glad to contact the program staff directly, but I like to check with you folks for an 'ok' on that. I have sometimes spoken with Wes Priem. I am hoping to get information in the next couple of days, as soon as possible. What is the current number of abatement contractor companies What is the current number of certified lead professionals? For the following questions, this relates to the number of housing units abated under the state DHHS (formerly DCH) program with HUD and other funding sources – all fund sources: If you have it, as of September 30, 2015, what is the total number of funded housing unit abatements since 1996? Can you provide the number of housing unit abatements in each of the following fiscal years (I have prior FY data): FY 2010-11 FY 2011-12 FY 2012-13 FY 2013-14 FY 2014-15 Thanks very much for your help! Sue
339	

	K	L
339		

	M
339	

	A	B	C	D	E	F	G
340	John Maxwell	SFA	CONSENSUS		2/10/2016	2016-0018	SK
341	Viola Wild	HFA	BOILERPLATE		2/10/2016	2016-0019 A	SK

	H	I
340	2/10/2016	2/10/2016
341	2/11/2016	2/11/2016

	J
340	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Wednesday, February 10, 2016 1:45 PM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov> Cc: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov> Subject: FY17 DHHS Budget Follow-up Marlon/Abbey, I am not sure if these questions are better directed to you or to Susan, but I have a couple questions. For the Public Assistance cases and cost per case, can you send me a schedule with the consensus number of cases and cost per case from May. (I can't seem to locate this information in Frances' files.) Please provide more detail on the reduction in the departmental administration and management as well as the composition of the Other Technical adjustments item Lastly, for the expansion of Family Preservation and Family Reunification Program, what counties are these programs currently in and what counties are being targeted with the expansion. Thanks, John
341	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Wednesday, February 10, 2016 5:08 PM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: FY 2016 Supplemental - TANF BP Appropriation Hi there. Can you tell me about the $6.1 million boilerplate appropriation in the FY 2016 Supplemental for TANF for Flint emergency needs? I have to answer a question and I don't think we received much info on what it is anticipated to be used for – except that it will receive work project designation. Please provide a little more detail on what the appropriation is anticipated to be used for. Thanks, ~Viola 3-5010 Viola Bay Wild House Fiscal Agency (517)373-8080

	K	L
340	From: Brown, Marlon (DTMB) Sent: Wednesday, February 10, 2016 3:24 PM To: John Maxwell <JMaxwell@senate.michigan.gov>; Viola Wild (vwild@house.mi.gov) (vwild@house.mi.gov) <vwild@house.mi.gov> Cc: Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Harkins, Chris (DTMB) <HarkinsC1@michigan.gov>; Kimmith, Dean (DTMB) <KimmithD@michigan.gov> Subject: RE: FY17 DHHS Budget Follow-up Hello John, Attached is a copy of the final FY16 Consensus Template from last May. With regard to your question about the "other technical adjustments", this was a catchall item to include the remaining CSB adjustments that were not specifically listed on the summary of changes document. Specifically, this item includes the reduction in state restricted revenues in the Field Operations and Support Services Unit (Column #21) and several intra-departmental transfers between lines and units. Many of these are titled "merger related organizational transfer" or "appropriation realignment" within our detail files. I've attached an additional document that lists all of these "technical adjustments". If you add the Field Ops restricted fund adjustment to this list, the total will balance with the figure that is presented on the summary of changes document (-$1,338.6 Gross / -$206.9 GF). I have asked the department to provide responses to your inquiries about the family preservation investment and the departmental administration reduction. Please let us know if we can be of further assistance. -Marlon	2/10/2016
341	From: Harkins, Chris (DTMB) Sent: Thursday, February 11, 2016 9:46 AM To: Viola Wild (vwild@house.mi.gov) <vwild@house.mi.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov> Subject: RE: FY 2016 Supplemental - TANF BP Appropriation Viola, This is a great question. The $6.1M in the supplemental for DHHS is similar $8M CCDR boilerplate appropriation in the Dept. of Education boilerplate. Both are federal dollars being recommended in connection to the $50M for the Flint Emergency Reserve Fund (recommended in DTMB). You will see boilerplate as a part of that DTMB recommendation stating that "In addition to the Flint Emergency Reserve Fund, federal funds appropriated in the departments of education and health and human services will also be held in reserve via work project for future Flint emergency needs." The Governor's intention is to reserve these two federal revenue sources for Flint related needs that have not yet been defined. In the case of TANF funds, obviously those needs would need to be TANF-eligible spends. Please let me know if you have additional questions, Chris	2/11/2016

	M
340	
341	

	A	B	C	D	E	F	G
342	Viola Wild	HFA	BOILERPLATE		2/11/2016	2016-0019 B	SK
343	John Maxwell	SFA	GENERAL QUESTIONS		2/19/2016	2016-0020	SK

	H	I
342	2/11/2016	2/11/2016
343	2/19/2016	2/19/2016

	J
342	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Thursday, February 11, 2016 9:58 AM To: Harkins, Chris (DTMB) Cc: Kimmith, Dean (DTMB); Kangas, Susan (DHHS); Stigall, Jill (DHHS); Babb, Abbey (DTMB); Brown, Marlon (DTMB) Subject: RE: FY 2016 Supplemental - TANF BP Appropriation Thank you for your response, Chris. Can you clarify something for me – is this $6.1 million (and the DOE BP funding) IN ADDITION to the $50 million for the Flint Emergency Reserve Fund? I am assuming that these two BP appropriations are not part of that $50 million. Also, are these two separate appropriations expected to be deposited into the Flint Emergency Reserve Fund – or kept as separate money? Thanks for your help, ~Viola
343	From: John Maxwell [mailto:JMaxwell@senate.michigan.gov] Sent: Friday, February 19, 2016 9:58 AM To: Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Viola Wild <vwild@house.mi.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov> Subject: MRS Restricted Revenue Realignment Susan, I was looking through the footnotes for the Field Operations and Support Services section of the FY17 Human Services Bill Detail FINAL.xlsx and it seems that there is a missing description of the MRS restricted revenue realignment. Can you please provide some background into this change. Thanks, John

	K	L
342	From: Harkins, Chris (DTMB) Sent: Thursday, February 11, 2016 1:30 PM To: Viola Wild <vwild@house.mi.gov> Cc: Kimmith, Dean (DTMB) <KimmithD@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Babb, Abbey (DTMB) <BabbA2@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov> Subject: RE: FY 2016 Supplemental - TANF BP Appropriation Hi Viola, Yes, you're correct. The $50M reserve is GF and the federal monies (TANF and CCDF) are in addition to that portion. I do not believe they're designed to be deposited into that fund directly – they're instead being directed through boilerplate to be held in reserve for connection to Flint related needs. That designation is also a part of the DTMB boilerplate in Supplemental Request 2016-6. Please let me know if I can be of additional assistance, Chris	2/11/2016
343	From: Kangas, Susan (DHHS) Sent: Friday, February 19, 2016 11:10 AM To: John Maxwell <JMaxwell@senate.michigan.gov> Cc: Viola Wild <vwild@house.mi.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov> Subject: RE: MRS Restricted Revenue Realignment In general, this adjustment is to align authorized restricted revenues with a more realistic expectation of actual revenues. Additional background: The Second Injury Fund will either reimburse or pay direct workers' compensation benefit obligations and vocational rehabilitation costs when Michigan employers hire certain individuals with medical impairments, who are subsequently injured at work. Revenues received from this fund vary from year to year, but we do need some spending authorization in the event that these situations occur. The Executive Budget adjustment lowers the authorization from $149,400 to $40,000, which we think is more realistic. Rehabilitation Service Fees are charged/received for performing ergonomic assessments. The program has not been highly utilized in recent years, but Michigan Rehabilitation Services does expect some increase in utilization of these services due to some programmatic changes and focus that are occurring. The Executive Budget adjustment lowers the authorization from $1.4 million to $400,000, which we also believe is more realistic. Susan	2/19/2016

	M
342	
343	

	A	B	C	D	E	F	G
344	Viola Wild	HFA	BOILERPLATE	Multiple	2/19/2016	2016-0021	SK

	H	I
	2/19/2016	2/19/2016
344		

	J
	From: Viola Wild [mailto:vwild@house.mi.gov] Sent: Friday, February 19, 2016 5:06 PM To: Brown, Marlon (DTMB) <brownm55@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: John Maxwell <JMaxwell@senate.michigan.gov> Subject: Exec Rec: Foster Care County Hold Harmless Hi there, In the SBO Exec Rec budget briefing, it was mentioned that through eliminating the County Hold Harmless Funding for foster care services, the state would save $6.1 M Gross/$5.2 M GF/GP. However, it was stated that the rates paid to private providers would remain the same as current year and just the county hold-harmless provision was being eliminated. But, the Exec Rec eliminates subsections (4) and (6) from Sec. 546 of current-year boilerplate language and these sections provide the $3 increase for the administrative rate private providers (4) and the increase to private providers for residential services (6). I understand modification would be needed to these subsections to eliminate the county hold harmless provisions, but by eliminating the entire subsections, the two increases themselves are eliminated. As I understand the Exec Rec, the $3 increase to the administrative rate for private providers and the private providers' residential rate increases are eliminated in the Exec Rec for FY 2016-17. Is that the way we should characterize the Exec Rec? Since that is not what I understood in our meeting, I wanted to double check with your offices. ***Also, could you clarify for me what the $6.1 M Gross/$5.2 M GF/GP would be generated from? Is it from eliminating the $3 increase and the private residential increases from previous years AND eliminating the county hold harmless provisions? Or is the savings generated only from eliminating the county hold harmless provision and keeping the rates the same as current year (which is not what the BP does). Thanks, ~Viola
344	Viola Bay Wild

	K	L
344	From: Kangas, Susan (DHHS) Sent: Friday, February 19, 2016 8:10 PM To: Viola Wild <vwild@house.mi.gov>; Brown, Marlon (DTMB) <brownm55@michigan.gov> Cc: John Maxwell <JMaxwell@senate.michigan.gov>; Hanley, Farah (DHHS) <hanleyf@michigan.gov>; Stigall, Jill (DHHS) <StigallJ1@michigan.gov> Subject: RE: Exec Rec: Foster Care County Hold Harmless Viola, The FY 2017 Executive Recommendation maintains the $40 per diem private agency foster care administrative rates, as well as the residential rates in place for FY 2016. Only the county hold harmless provision is eliminated. Reference the Executive Recommendation's Human Services bill detail file for Children's Services Agency – Child Welfare, columns 30-32. The related footnotes in that spreadsheet state the following: (30) Revert to an equal cost-sharing model for the County Child Care Fund requiring counties to pay their 50% share of the entire administrative rate including any future rate increases. (31) Retain the private residential rate at FY 2016 levels but require counties to pay their 50% share of the entire rate. (32) Retain the private agency administrative rate at the FY 2016 level of $40 per day, but require counties to pay their 50% share of the entire rate. DHHS can continue to pay current provider rates without boilerplate sections 546(4) and (6). Susan	2/19/2016

	M
344	

	A	B	C	D	E	F	G
345	John Maxwell	SFA	GENERAL QUESTIONS	74100-Children's Services Administration	2/19/2016	2016-0022	JS
346	SBO	SBO	GENERAL QUESTIONS		2/24/2016	2016-0023	SK

	H	I
345	3/14/2016	3/18/2016
346	3/7/2016	3/9/2016

	J
345	From: John Maxwell <JMaxwell@senate.michigan.gov> Date: February 22, 2016 at 2:28:48 PM EST To: "Hanley, Farah (DHHS)" <hanleyf@michigan.gov>, "Yager, Steve (DHHS)" <YagerS@michigan.gov>, "Kangas, Susan (DHHS)" <KangasS1@michigan.gov> Cc: Viola Wild <vwild@house.mi.gov>, "Ruest, Karla (DHHS)" <RuestK@michigan.gov> Subject: RE: CWPC notes from Monday Farah, I do apologize in adding to the bandwidth problem and I thank you for your candor regarding the request. Please share whenever this information is available. Best, John From: Hanley, Farah (DHHS) [mailto:hanleyf@michigan.gov] Sent: Monday, February 22, 2016 12:43 PM To: John Maxwell <JMaxwell@senate.michigan.gov>; Yager, Steve (DHHS) <YagerS@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov> Cc: Viola Wild <vwild@house.mi.gov>; Ruest, Karla (DHHS) <RuestK@michigan.gov> Subject: RE: CWPC notes from Monday John – This issue is evolving and as the notes indicate the analysis is still being conducted. As you are aware the ISEP requires a lower workload ratio than currently exists today. There are several options of how to implement (whether it's through increased FTEs or not) but those are also being explored. Once the administration is ready to share the information with the legislature we'll be absolutely sure to engage you and your fiscal agency colleagues. This is an important issue and we want to be sure we're understanding all implications of any changes we will or will not be advancing. The other information you request related to historic caseload ratio and related rates can be provided but it will take us some time and to be perfectly frank, we are absolutely swamped. I'm not exaggerating when I say that Susan and I have worked virtually every weekend since the merger was formalized last April and we haven't received any new central office staff to assist so we will gladly put your request in and can share it when it's ready. Thanks, Farah
346	From: Steve Angelotti <SAngelotti@senate.michigan.gov> Date: February 24, 2016 at 12:29:23 PM EST To: "Hanley, Farah (DTMB) (hanleyf@michigan.gov)" <hanleyf@michigan.gov> Subject: Information request As I noted in my text, we're looking for several things at Senator Marleau's request. What we'd like is a breakdown of where the IT lines are being spent now (what projects are funded via the IT and MMIS lines), also a list of upcoming projects and timelines for bids. As I noted, he feels strongly that if there are benefits to new projects it's important to get them going sooner rather than later. He also is aware that there are lobbyists for various vendors pushing for projects so that is gumming up the works. He definitely wants to help the process as much as possible but also feels it's important to find efficiencies and to move projects along as quickly as possible. The second question is on Departmentwide staffing costs – he'd like to know how much is spent on salaries/wages/benefits for employees, Gross and GF (an on-board count would also be helpful). It might also be informative to compare things to 10 years ago (in other words, the number of FTEs in DHS/DCH combined in 2006 and costs compared to today) – I don't know if that's possible, but it might be helpful to illustrate where things are today compared to the past.

	K	L
345		
346		

	M
345	
346	

	A	B	C	D	E	F	G
347		EXTERNAL	GENERAL QUESTIONS	14233-Children's Waiver Home Care Program	2/23/2016	2016-0024	SK

	H	I
347		

	J
347	From: Kathleen Farhat <KFarhat@senate.michigan.gov> Date: February 23, 2016 at 12:47:47 PM EST To: "hanleyf@michigan.gov" <hanleyf@michigan.gov>, "PriestC1@michigan.gov" <PriestC1@michigan.gov> Subject: Private Duty Nursing Waiver through CSHCS Good Afternoon, Senator Hertel asked that I reach out to both of you to inquire as to how much is spent on the Private Duty Nursing Waiver line under the Children's Special Health Care Services, currently? He would also like to know if you could provide what percentage of that is state dollars. I greatly appreciate your assistance. Please let me know if I have not provided enough information or if I can be of any assistance to you. Thank you, Kathleen O'Reilly Farhat Chief of Staff Senator Curtis Hertel, Jr. (517) 373-5593

	K	L
347		

	M
347	

	A	B	C	D	E
1		Agency	Type	Assigned to	Related Line
2	John Maxwell	SBO	BOILERPLATE	SK	Multiple
3	Viola Wild	HFA	CASELOAD DATA	FH	01000-Director and Other Unclassified
4	Chris Harkins	SFA	CONSENSUS	JS	01191-Departmental Administration and Management
5	Marlon Brown	INTERNAL	CSB	CM	11040-Contractual Services, Supplies, and Materials
6	Dean Kimmith	DTMB	ECONOMICS	AJ	11350-Demonstration Projects
7	Kevin Koorstra	LARA	EXEC REC		02401-Developmental Disabilities Council and Projects
8	David Fosdick	TREASURY	FEDERAL FUNDS		16100-Information Technology Projects and Services
9	Abbey Babb	MDE	GENERAL QUESTIONS		81000-Michigan Medicaid Information System
10	Scott Starr	OAG	HEARING		11310-Office of Inspector General, Salaries & Wages
11	Ellyn Ackerman	AG	LEGISLATION		12070-Rent and State Office Facilities
12	Kyle Jen	AGRI	PFC		11800-State Office of Administrative Hearings and Rules
13	Susan Frey	EXTERNAL	SPEND PLAN		12080-Terminal Pay and Other Employee Costs
14	Karla Ruest		WORK PROJECT		12050-Travel
15	SBO		YEAR END		12840-Worker's Compensation Program
16					83100-Child Support Enforcement Operations
17					83200-Legal Support Contracts
18					83300-Child Support Incentive Payments
19					83400-State Disbursement Unit
20					16500-Child Support Automation
21					82100-Bureau of Community Services and Outreach
22					82380-Community Services Block Grant
23					82570-Weatherization Assistance
24					85260-School Success Partnership Program
25					32610-Homeless Programs
26					72100-Domestic Violence Prevention and Treatment
27					72390-Rape Prevention and Services
28					72700-Child Advocacy Centers
29					11300-Michigan Community Service Commission
30					74100-Children's Services Administration
31					74180-Title IVE Compliance and Accountability Office
32					74350-Child Welfare Institute
33					74600-Child Welfare Field Staff - Caseload Compliance
34					74610-Child Welfare Field Staff - Non Caseload Compliance
35					74620-Education Planners
36					74630-Peer Coaches
37					74640-Child Welfare First Line Supervisors
38					74660-Second Line Supervisors & Technical Staff
39					74670-Permanency Resource Managers
40					74040-Contractual Services, Supplies, and Materials
41					74160-Settlement Monitor
42					74550-Foster Care Payments
43					74250-Guardianship Assistance Program
44					74290-Child Care Fund
45					74300-Child Care Fund Administration
46					74750-Adoption Subsidies
47					74760-Adoption Support Services
48					74420-Youth in Transition

	A	B	C	D	E
49					74440-Child Welfare Medical/Psychiatric Evaluations
50					74460-Psychotropic Oversight Contracts
51					74110-Performance Based Funding Implementation
52					14255-Family Support Subsidy
53					72430-Interstate Compact
54					72290-Strong Families/Safe Children
55					72230-Family Preservation Programs
56					72240-Family Preservation & Prevention Services Administration
57					72250-Child Abuse and Neglect-Children's Justice Act
58					57380-Children's Trust Fund
59					72660-Attorney General Contract
60					72870-Prosecuting Attorney Contracts
61					72160-Child Protection
62					72800-Child Welfare Licensing
63					47600-W. J. Maxey Training School
64					47620-Bay Pines Center
65					47640-Shawono Center
66					47280-County Juvenile Officers
67					47350-Community Support Services
68					47670-Juvenile Justice Administration and Maintenance
69					47700-Juvenile Accountability Block Grant
70					47800-Committee on Juvenile Justice Administration
71					47820-Committee on Juvenile Justice Grants
72					47830-In-home community care
73					47850-Juvenile Justice Vision 20/20
74					32500-Family Independence Program
75					32520-State Disability Assistance Payments
76					32530-Food Assistance Program Benefits
77					32540-State Supplementation
78					32580-State Supplementation Administration
79					32560-Low-Income Home Energy Assistance Program
80					32600-Food Bank Funding
81					02968-Multicultural Integration Funding
82					32630-Indigent Burial
83					32640-Emergency Services Local Office Allocations
84					32680-Michigan Energy Assistance Program
85					32650-Refugee Assistance Programs
86					62610-Public Assistance Field Staff
87					62040-Contractual Services, Supplies, and Materials
88					62400-Medical/Psychiatric Evaluations
89					62700-Donated Funds Positions
90					62300-Training and Program Support
91					62510-Volunteer Services and Reimbursement
92					62630-Field Policy and Administration
93					62640-Adult Services Field Staff
94					81250-Nutrition Education
95					81450-Employment and Training Support Services
96					81520-Michigan Rehabilitation Services

	A	B	C	D	E
97					81530-Independent Living
98					81550-Wage Employment Verification Reporting
99					11400-Electronic Benefit Transfer
100					74650-Administrative Support Workers
101					14100-Disability Determination Operations
102					14250-Retirement Disability Determination
103					01130-Behavioral Health Program Administration
104					01154-Gambling Addiction
105					01161-Protection and Advocacy Services Support
106					02733-Community Residential and Support Services
107					13468-Federal and Other Special Projects
108					14249-Housing and Support Services
109					02965-Medicaid Mental Health Services
110					02966-Community Mental Health Non-Medicaid Services
111					02970-Medicaid Substance Use Disorder Services
112					02999-Civil Service Charges
113					02922-Federal Mental Health Block Grants
114					13467-State Disability Assistance Program Substance Use Disorder Services
115					13461-Community Substance Use Disorder Prevention, Education, and Treatment
116					14233-Children's Waiver Home Care Program
117					14234-Nursing Home PAS/ARR-OBRA
118					14232-Children with Serious Emotional Disturbance Waiver
119					02950-Health Homes
120					02980-Healthy Michigan Plan - Behavioral Health
121					33870-Autism Services
122					14245-University Autism Programs
123					04500-Cargo Regional Mental Health Center
124					04600-Kalamazoo Psychiatric Hospital
125					04100-Walter P. Reuther Psychiatric Hospital
126					04200-Hawthorn Center
127					04000-Center for Forensic Psychiatry
128					01373-Revenue Recapture
129					01421-IDEA, Federal Recapture
130					01707-Special Maintenance
131					01753-Purchase of Medical Services for Residents of Hospitals and Centers
132					01820-Gifts and Bequests for Patient Living and Treatment Environment
133					11230-Public Health Administration
134					11200-Health and Wellness Initiatives
135					11254-Vital Records and Health Statistics
136					11101-Bone Marrow Transplant Registry
137					01194-Certification of Need Program Administration
138					18358-Emergency Medical Services Program
139					11250-Health Innovation Grants
140					18430-Health Policy Administration
141					11260-Human Trafficking Intervention Services
142					11284-Michigan Essential Health Provider
143					11268-Minority Health Grants and Contracts

	A	B	C	D	E
144					18435-Nurse Education and Research Program
145					11289-Primary Care Services
146					11256-Rural Health Services
147					16230-Laboratory Services
148					15150-AIDS Surveillance and Prevention Program
149					15159-Bioterrorism Preparedness
150					15155-Epidemiology Administration
151					12258-Healthy Homes Program
152					16758-Immunization Program
153					15173-Newborn Screening Follow-up and Treatment Services
154					16753-Sexually Transmitted Disease Control Program
155					15157-Tuberculosis Control and Prevention
156					12263-Essential Local Public Health Services
157					12273-Implementation of 1993 PA 133
158					12271-Local Health Services
159					12266-Medicaid Outreach Cost Reimbursement to Local Health Departments
160					16764-AIDS Prevention, testing, and Care Programs
161					-Alzheimer's Disease In-Home Care Pilot
162					11352-Cancer Prevention and Control Program
163					11380-Chronic Disease Control and Health Promotion Administration
164					11363-Diabetes and Kidney Program
165					11360-Smoking Prevention Program
166					11386-Violence Prevention
167					14254-Childhood Lead Program
168					14274-Dental Programs
169					14230-Family, Maternal, and Children's Health Services Administration
170					14281-Family Planning Local Agreements
171					14262-Local MCH Services
172					14251-Pregnancy Prevention Program
173					14289-Prenatal Care Outreach and Service Delivery Support
174					14259-Special Projects
175					14257-Sudden Infant Death Syndrome Program
176					14295-Women, Infants, and children program administration and special projects
177					14275-Women, Infants, and children program local agreements and food costs
178					14330-Children's Special Health Care Services Administration
179					14358-Bequests for Care and Services
180					14356-Outreach and Advocacy
181					14357-Nonemergency Medical Transportation
182					14355-Medical Care and Treatment
183					51601-Grants Administration Services
184					51638-Justice Assistance Grants
185					55537-Crime Victim Rights Services Grants
186					46502-Aging and Adult Services Administration
187					46511-Community Services
188					xxxxx-Elder Law of Michigan MiCAFE Contract
189					46512-Nutrition Services
190					46515-Employment Assistance

	A	B	C	D	E
191					33620-Program of All-Inclusive Care for the Elderly (PACE)
192					46520-Respite Care Program
193					46513-Senior Volunteer Service Programs
194					34010-Medical Services Administration
195					34030-Healthy Michigan Plan Administration
196					34400-Facility Inspection Contract
197					34300-MIChild Administration
198					34020-Electronic Health Record Incentive Program
199					33500-Hospital Services and Therapy
200					33650-Hospital Disproportionate Share Payments
201					33520-Physician Services
202					33590-Medicare Premium Payments
203					33540-Pharmaceutical Services
204					33530-Home Health Services
205					33730-Hospice Services
206					33570-Transportation
207					33580-Auxiliary Medical Services
208					33660-Dental Services
209					33600-Ambulance Services
210					33680-Long-Term Care Services
211					33690-Integrated Care Organizations
212					33610-Medicaid Home- and Community-Based Services Waiver
213					33780-Adult Home Help Services
214					33810-Personal Care Services
215					33550-Health Plan Services
216					33640-MIChild Program
217					33850-Federal Medicare Pharmaceutical Program
218					33710-Maternal and Child Health
219					33560-Healthy Michigan Plan
220					33740-School-Based Medical Services Program
221					33720-Dental Clinic Program
222					33860-Special Medicaid Reimbursement
223					11100-Pay for Success Contracts
224					14241-Mental Health Commission Recommendations
225					xxxxx-Employment and Training Support Services
226					xxxxx-Drug Policy Initiatives
227					33730-Hospice Services

Additional Backup for January 2016 Flint Emergency Supplemental

Department of Health and Human Services

January 19, 2016

In reference to the Emergency Assistance to Flint Summary of Supplemental Items dated 1/18/16:

1. **Item #6 - $200,000**

Funding to Genesee County Food Safety Division for food inspections at licensed food establishments

Funds delegated to the Michigan Department of Agriculture and Rural Development for inspection and response activities at licensed food service establishments. Funds will go to support additional field inspectors and an environmental health manager.

2. **Item #7 - $275,000**

Contractual expertise to assess potential linkages to Legionnaire's disease

These funds will finance a team of experts to assess any potential linkages from the increase in Legionnaire's disease with the changeover from the Detroit to Flint water systems.

3. **Item #8 - $8,000,000**

Emergency purchases of water, etc.

Purchases of bottled water, filters and related other items.

4. **Item #9 – $145,000**

Partial year cost for epidemiologists to analyze blood lead levels

Supports two epidemiologists to analyze blood lead levels in the City of Flint. Work to be conducted will be more detailed than the current work. Most is currently focused by county level. These two new epidemiologists will be contracted out and will identify patterns and trends (down to the zip code level) to determine appropriate next steps and will work in coordination with the health department.

5. **Item #10 - $1,510,000**

Partial year costs to abate lead in homes in Flint, support contractual staff and field consultants

Costs will support up to 6 contractual and field consultants to abate an additional 100 homes (in addition to those funds dedicated for abatement in the October supplemental). Funds will also include replacement of internal housing plumbing components where necessary, such as faucets, aerators, and fixtures.

6. **Item #11 - $90,000**

Partial year costs for additional lead investigations

Supports additional contractual efforts to conduct lead investigations of an additional 100 homes (in addition to those funds dedicated for lead investigation in the October supplemental). The contractor

will take environmental samples in the home and then send them to their labs to determine highest readings of lead and a plan to remediate. Reports will be generated and shared with nurse case managers who will develop a specific treatment plan for the family.

7. **Item #12 - $70,000**

Partial year costs – nurse case management

Funds support increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling and coordination with the Environmental Blood Level investigations (see items 10 and 11).

8. **Item #13 - $120,000**

Partial year costs for additional positions for community education with Genesee County Health Department

Contractual FTEs will work with the GCHD to build educational efforts and develop a more detailed education plan. FTEs will direct people on where to get healthy food, and where to get follow up care and will coordinate with treatment plans.

9. **Item #14 - $1,470,000**

Child and Adolescent Health Centers – Support for Children's health care access program

Supports expansion of two existing Child and Adolescent Health Centers. Programs will provide medical and other related support services. Funds will support the coordination with the Children's Health care Access Program (CHAP) to assist clients to establish a primary medical care home or to obtain the timely and essential services as recommended by their PCP. Funding also includes expanding the Pathways to Potential model in the City of Flint, connecting residents to the proper benefits.

10. **Item #15 - $957,000**

Nutrition support WIC staff/education and screening. Lactation consultant to GCHD

Finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase access and availability of WIC benefits. The age range of children who would be eligible for WIC is proposed to be expanded from 0-5 to 5-10 years of age. DHHS would need to receive approval from the federal government to implement the proposal. Lactation consultant is also supported for the GCHD to promote and support breastfeeding education.

11. **Item #16 – $3,870,000**

Treatment of children with high blood lead levels (diagnostic testing, nurse visits, environmental assessments, etc.)

Funds will be directed to Community Mental Health to fund behavioral health developmental services. Funds will support care coordination between key involved entities including schools, county and local agencies, mental health providers, physical health providers like PCPs, as well as case management for children and families. Funding also includes an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. Funding also supports treatment of children with elevated blood lead levels including treatment for Attention Deficit / Hyperactivity Disorder. Broad treatment plans will include diagnostic testing, nurse visits, and environmental assessments of the home.

12. **Item #17 – $500,000**

Crisis Counseling through local CMH

Crisis support and counseling through CMH organizations.

	A	B	C	D	E
1	**DESCRIPTION**	**APPROPRIATED**	**EXPENSES**	**PROJECTED**	**PROJECTED BALANCE**
2	FY15 WORK PROJECT	$ 1,137,055	$9,257,959	$ 1,137,055	$ (9,257,959)
3	FY16 DEQ FUNDING	$ 1,000,000	$1,000,000	$ 1,000,000	$ (1,000,000)
4	OCT SUPPLEMENTAL	$ 850,000	$498,634.45	$333,350.05	$ 18,016
5	FEBRUARY SUPPLEMENTAL	$15,457,000	$ 1,500,000	$ -	$13,957,000
6	TOTAL	$ 18,444,055	$ 12,256,594	$ 2,470,405	$ 3,717,056

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**Project**	**PH**	**Description**	**INDEX**	**PCA**	**Grant Number**	**GF Amount**	**State Restricted Amount**	**Federal Amount**	**Total Funding**	**Budget Liaison**	**Expenses**	**Balance**
2	**FLINTW**	**40**	**Water Filters and Supplies**	**96000**	32100		**$1,137,055**			**$1,137,055**		**$ 8,502,823**	**($7,365,768)**
3												**$ 755,136**	**($8,120,904)**
4			**GRAND TOTAL**				**$1,137,055**	**$0**	**$0**	**$1,137,055**	**$0**	**$9,257,959**	**($8,120,904)**

	N
1	**Description**
2	
3	**JV from FY16 DEQ funding**
4	**Total payments**

Cell: L1
Comment: Stigall, Jill (DHS):
Includes encumbrance

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**Project**	**PH**	**Description**	**INDEX**	**PCA**	**Grant Number**	**GF Amount**	**State Restricted Amount**	**Federal Amount**	**Total Funding**	**Budget Liaison**	**Expenses**	**Balance**
2	**FLINTW**	**41**	**Water Filters and Supplies**	**96000**	32099		**$1,000,000**			**$1,000,000**		**$ 1,755,136**	**($755,136)**
3												**$ (755,136)**	**$0**
4			**GRAND TOTAL**				**$1,000,000**	**$0**	**$0**	**$1,000,000**		**$1,000,000**	**$0**

	N
1	**Description**
2	
3	**JV to WP**
4	**Total payments**

Cell: L1
Comment: Stigall, Jill (DHS):
Includes encumbrance

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Expenditure**	**Budget**	**October**	**November**	**December**	**January**
2	**Epidemiology Administration (PCA # 84470)**					
3	Supplies	$8,024				
4	Travel				$8.50	
5	Educational Materials	$10,000				
6	Jennifer Gray - Toxicologist	$34,976		$345.51	$5,286.34	$4,471.76
7	Courtney Wisinski - Industrial Hygenist	$65,000		$2,892.79	$9,497.38	$8,220.72
8	MPHI - Michelle Bruneau - Health Educator	$32,000		$1,540.99		$2,940.45
9	**Sub Total Epi Administration**	**$150,000**	**$0.00**	**$4,779.29**	**$14,792.22**	**$15,632.93**
10	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00			
11	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000		$70,832.00	$35,416.00	$35,416.00
12	**Total Flint Water Project**	**$850,000**	**$275,000.00**	**$75,611.29**	**$50,208.22**	**$51,048.93**
13						
14						
15	Note: $266,660.50 of ETC is an encumbrance.					
16						
17						
18						
19						
20						
21						

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	G	H	I	J	K	L	M	N	O	P	Q	R
1	**February though 02/05/2016**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date through 2-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
2												
3									$0.00		$0.00	$8,024.00
4									$8.50		$8.50	($8.50)
5									$0.00		$0.00	$10,000.00
6	$3,730.06								$13,833.67	$21,142.33	$34,976.00	$0.00
7	$5,012.19								$25,623.08	$39,376.92	$65,000.00	$0.00
8									$7,088.20	$24,911.80	$32,000.00	$0.00
9	**$8,742.25**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$46,553.45**	**$85,431.05**	**$131,984.50**	**$18,015.50**
10									$275,000.00	$0.00	$275,000.00	$0.00
11									$177,081.00	$247,919.00	$425,000.00	$0.00
12	**$8,742.25**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$498,634.45**	**$333,350.05**	**$831,984.50**	**$18,015.50**
13									$554,761.99	80 screeen 2/16/16		
14									$56,127.54			
15									$56,127.54	Rick		
16									$0.00			
17												
18												
19												
20												
21												

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	S	T
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		`

	A	B	C	D	E	F	G	H	I	J	K
1	**Project**	**PH**	**Description**	**INDEX**	**PCA**	**Grant Number**	**GF Amount**	**State Restricted Amount**	**Federal Amount**	**Total Funding**	**Budget Liaison**
2	**FLINTW**	**01**	**Food Inspections**		80011		**$200,000**			**$200,000**	**Brice**
3											
4	**FLINTW**	**02**	**Other Medical and Behavioral Health Concerns**		85400		**$275,000**			**$275,000**	**Rick**
5											
6	**FLINTW**	**03**	**Water Resources**		80013		**$4,612,800**			**$4,612,800**	**Brice**
7											
8	**FLINTW**	**04**	**Cost for Epidemiologists - EBL Reports**		85407	252208 16			**$145,000**	**$145,000**	**Rick**
9											
10	**FLINTW**	**05**	**Lead Abatement - Field Contractual**		85401			**$1,510,000**		**$1,510,000**	**Rick**
11											
12	**FLINTW**	**06**	**Additional Lead Investigators**		85403			**$90,000**		**$90,000**	**Rick**
13											
14	**FLINTW**	**07**	**Nurse Case Management and NRP**				**$500,000**	**$25,000**	**$45,000**	**$570,000**	**Beverly**
15	FLINTW	07	Nurse Family Partnership		84007		$500,000				
16	FLINTW	07	Contracted Case Manager		84005			$25,000			
17	FLINTW	07	Contracted Case Manager		84003	252208 16			$45,000		
18											
19	**FLINTW**	**08**	**GCHD and Food Bank**				**$1,037,200**		**$120,000**	**$1,157,200**	**See below**
20	FLINTW	08	GCHD - Educational Efforts		84008	252208 16			$120,000		Beverly
21	FLINTW	08	Food Bank		80018		$1,037,200				Brice
22											
23	**FLINTW**	**09**	**Total Ed & Access - CAHC, P to P, CHAP**				**$1,570,000**	**$0**	**$0**	**$1,570,000**	**See below**
24	FLINTW	09	Child and Adolescent Health Centers		84009		$650,000				Beverly
25	FLINTW	09	Pathways to Potential Expansion				$720,000				Andy
26	FLINTW	09	Children's Healthcare Access Program (CHAP)				$200,000				Beverly
27											
28	**FLINTW**	**10**	**Nutrition - WIC**				**$30,000**	**$927,000**	**$0**	**$957,000**	**Michael**
29	FLINTW	10	Nutrition - WIC - Co-locate WIC Staff		84461			$872,000			
30	FLINTW	10	Nutrition - WIC - Lactation Consultant		84461			$55,000			
31	FLINTW	10	Nutrition - WIC - Lactation Consultant		84460		$30,000				
32											
33	**FLINTW**	**11**	**Total Behavioral Health and MC3**				**$1,335,000**	**$0**	**$2,535,000**	**$3,870,000**	**Audrey**
34	FLINTW	11	Behavioral Health - Money to CMH's		TBD		$1,135,000				
35	FLINTW	11	Behavioral Health - Money to CMH's		TBD				$2,535,000		
36	FLINTW	11	Behavioral Health - MC3 Expansion		35009		$200,000				
37											
38	**FLINTW**	**12**	**CMH Crisis Counseling**		39032		**$500,000**			**$500,000**	**Audrey**
39											
40			**GRAND TOTAL**				**$10,060,000**	**$2,552,000**	**$2,845,000**	**$15,457,000**	

	L	M	N
1	**Expenses**	**Balance**	**Description**
2		**$200,000**	
3			
4		**$275,000**	Project will be funded at $359,337 per Farah's e-mail dated 2/16/16
5			
6		**$4,612,800**	
7			
8		**$145,000**	
9			
10		**$1,510,000**	
11			
12		**$90,000**	
13			
14			
15	$ 500,000	$0	Advance payment
16		$25,000	Sent to E grams 2-16-16
17		$45,000	Sent to E grams 2-16-16
18			
19			
20	$ -	$120,000	
21	$ 100,000	$937,200	Advance payment
22			
23			
24		$650,000	
25		$720,000	
26	$ 200,000	$0	Advance payment
27			
28			
29		$872,000	
30		$55,000	
31		$30,000	
32			
33			
34		$1,135,000	
35		$2,535,000	
36	$ 200,000	$0	Advance payment
37			
38	**$ 500,000**	**$0**	Advance payment
39			
40			

	L	M	N
41	$ 1,500,000	$ 13,957,000	Total payments
42			
43		$0	check difference

UNFUNDED PURCHASING REQUESTS

PROJECT # FLINTW-99

02/16/16

	A	B
1	**OTHER FLINT CHARGES - FLNTW-99**	**AMOUNT**
2	- ASQ training for two RNs	$ -
3	- Contractual	$ -
4	- J&B Medical - blood testing kits - 1st request	$ 56,127.54
5	- J&B Medical - blood testing kits - amendment	$ 219.00
6	- Kelly Services	$ 14,419.00
7	- Kelly Services (FOIAs) - PO established	$ 20,643.84
8	- Mileage	$ 6,500.00
9	- MSU - adult elevated lead levels	$ 44,308.00
10	- Nurse to coordinate with UMF	$ -
11	- Overtime costs & expenses for database to track activities	$ -
12	- Phlebotomist	$ 34,216.00
13	- Supplies	$ 17,100.00
14	- Legal representation	$ 50,000.00
15		$ 243,533.38
16		
17	Susan's additions:	
18	Double-up food bucks	$ 1,900,000.00
19	Water filter systems for foster homes	$ -
20	Genesee County Child Welfare staff overtime	$ 629,300.00
21	Mailing to caretakers of children who were previously in Flint foster care placements	$ -
22	DHHS employee mileage/travel	$ -
23	Water resources not covered by supplementals	$ 3,508,104.48
24	DTMB payroll charges	$ -
25	MiSACWIS system upgrades due to Flint activities	$ -
26		$ 6,037,404.48
27		
28	**TOTAL**	**$ 6,280,937.86**
29		
30	Updated 2/26/16 at 3:03 PM	

UNFUNDED PURCHASING REQUESTS

PROJECT # FLINTW-99

	C	D	E
1	**ADDITIONAL INFORMATION**	**STATUS**	**FUNDING**
2	Per Mark Miller's e-mail we will be billed directly for these charges	on hold	
3	In Mark Miller's e-mail - hot spot contract for the Surface Pros	on hold	
4		approved and already delivered	Against $850K supplemental
5		approved and being processed	Against $850K supplemental
6	Childhood lead surveillance	processing	Against $15.1M supplemental
7		approved and person has started	Against Health Policy GF
8	In Mark Miller's e-mail	on hold	
9	Genesee County only. Statewide is $66,163	on hold	
10	In Mark Miller's e-mail	on hold	
11	In Mark Miller's e-mail	on hold	
12	In Mark Miller's e-mail	on hold	
13	In Mark Miller's e-mail	on hold	
14			
15			
16			
17			
18	New budget being developed; possibility for foundation support	Nick wants this to happen; awaiting more info	
19	Approved by federal government, but nothing paid so far (being handled by other resources)	On hold	
20	Steve Yager's 1/26/16 email		
21	Cost unknown at this time		
22	Cost unknown at this time		
23			
24			
25			
26			
27			
28			
29			
30			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

	A	B	C	D	E	F	G	H	I	J	K
1	**Original $850k supplemental**										
2	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
3	84470	FLINT WATER SUPPLEMENTAL-EPI	14254	0100	8400				FLINTW	16	
4	84480	FLINT WATER SUPPLEMENTAL-FMCHS	14254	0100	8400				FLINTW	16	
5											
6											
7	**$15 Million Supplemental**										
8	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
9	35009	FLINT MC3 501(H)	88500	0100	3990				FLINTW	11	
10	39032	FLINT CMH CRISIS SUPPORT 501(H)	88500	0100	3990				FLINTW	12	
11	77201	PATHWAYS TO POTENTIAL EXPANSION	88500	0100	0891				FLINTW	09	
12	80011	FLINT WATER - FOOD INSPECTIONS	88500	0100	8015				FLINTW	01	
13	80013	FLINT WATER - WATER RESOURCES	88500	0100	8015				FLINTW	03	
14	80018	FLINT WATER - FOOD BANK	88500	0100	8015				FLINTW	08	
15	80099	FLINT WATER - POPULATION HEALTH MISC.	88500	0100	8015				FLINTW	99	
16	84003	FLINT WATER - NURSE CASE MANAGMENT	88500	0300	8400	252208	16	1231	FLINTW	07	
17	84005	FLINT WATER - NURSE CASE MANAGEMENT	88500	0201	8400			0000	FLINTW	07	
18	84007	FLINT WATER - NURSE FAMILY PARTNERSHIP	88500	0100	8400				FLINTW	07	
19	84008	FLINT WATER - GCHD-EDUCATIONAL EFFORTS	88500	0300	8400	252208	16	1231	FLINTW	08	
20	84009	FLINT WATER - CH/ADOL HEALTH CENTERS	88500	0100	8400				FLINTW	09	
21	84019	FLINT WATER - CHAP	88500	0100	8400				FLINTW	09	
22	84086	WIC ADMIN-BREAST FEEDING-FLINT	14295	0300	8400	050035	16	8046	FLINTW	55	
23	84460	WIC NUTRION FLINT	88500	0100	8400				FLINTW	10	
24	84461	WIC NUTRITION FLINT	88500	0201	8400				FLINTW	10	
25	85400	OTHER MED. AND BEHAV. HEALTH CONCERNS	88500	0100	8003				FLINTW	02	
26	85401	LEAD ABATEMENT - FIELD CONSULTANT	88500	0201	8003				FLINTW	05	
27	85403	ADDITIONAL LEAD INVESTIGATIONS	88500	0201	8003				FLINTW	06	
28	85407	EPIDEMIOLOGIST ANALYSIS OF EBL REPORTS	88500	0300	8003	252208	16	1231	FLINTW	04	
29											
30											
31	**Travel**										
32	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
33	00218	COMMUNICATIONS - FLINT TRAVEL	01191	0100	0110				FLINTW	77	
34	00219	EXECUTIVE - FLINT TRAVEL	01191	0100	0110				FLINTW	77	
35	00220	OPERATIONS - FLINT TRAVEL	01191	0100	0110				FLINTW	77	
36	10010	BHDDA- FLINT - TRAVEL	01130	0100	2000				FLINTW	77	
37	77204	LEGAL - FLINT TRAVEL	18430	0100	0810				FLINTW	77	
38	77205	POLICY - FLINT TRAVEL	18430	0100	0810				FLINTW	77	
39	97180								FLINTW	77	
40	97280	BIC-FLINT TRAVEL - 50% FFP	34010	903		253001	16		FLINTW	77	

	A	B	C	D
1	**PROJECT #**	**PHASE**	**TITLE**	**ADDITIONAL INFORMATION**
2	FLINTW	01	FOOD INSPECTIONS	
3	FLINTW	02	OTHER MEDICAL + BEHAVIORAL HLTH CONCERNS	
4	FLINTW	03	WATER RESOURCES	
5	FLINTW	04	EPIDEMIOLOGISTS ANALYSTS OF EBL REPORTS	
6	FLINTW	05	LEAD ABATEMENT-FIELD CONTRACTUAL	
7	FLINTW	06	ADDITIONAL LEAD INVESTIGATIONS	
8	FLINTW	07	NURSE CASE MGT AND NFP	
9	FLINTW	08	GCHD AND FOOD BANK	
10	FLINTW	09	ED + ACCESS-CAHC/PTOP/CHAP	
11	FLINTW	10	NUTRITION-WIC	
12	FLINTW	11	BEHAVIORAL HEALTH + MC3	
13	FLINTW	12	CMH CRISIS COUNSELING	
14	FLINTW	16	FLINT WATER SUPPLEMENTAL	Used to track $850,000 Oct 2015 supplemental
15	FLINTW	55	FLINT OTHER FUNDING	
16	FLINTW	66		
17	FLINTW	77	FLINT TRAVEL	Used to track all DHHS travel charges
18	FLINTW	88	FLINT WATER OTHER AGENCIES	Used to track $300,000 nurses funding from LARA
19	FLINTW	99	FLINT WATER MISC	Used to track expenses where specific funding was not appropriated to support charges

	A	B	C	D
1		**Michigan Department of Health and Human Services**		
2		**FY16 Supplemental Request**		
3		**January 18, 2016**		
4				
5		**Appropriation**	**Contractual FTEs**	**GF**
6		**FINAL FY16 SUPPLEMENTAL ESTIMATES TO BE RELEASED WEEK OF 1/17/16**		
7	**1**	**Cost for epidemiologists**	2	$ -
8	**2**	**Cost to abate lead homes in Flint**	3.5	
9	**3**	**Additional lead investigations**	0	
10	**4**	**Increase nurse case management**	1	

	E	F	G	H
1				
2				
3				
4				
5	**State Restricted**	**Federal**	**Gross**	**Detailed Description**
6				
7	$ -	$ 145,000	$ 145,000	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
8	$ 1,510,000		$ 1,510,000	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.
9	$ 90,000		$ 90,000	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.
10	$ 25,000	$ 45,000	$ 70,000	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.

	I	J	K
1			
2			
3			
4			
5			
6	**Affected Line Items**		
7	Epidemiology Administration		
8	Healthy Homes Program		
9	Healthy Homes Program		
10	Childhood Lead Program		

	A	B	C	D
11	**5**	**Increase community education**	2	
12	**6**	**Water Resources**		$ 8,000,000
13	**7**	**Food Inspections**		200000
14	**8**	**Education and Access -- Secondary Prevention**		$ 1,470,000

	E	F	G	H
11		$ 120,000	$ 120,000	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.
12			$ 8,000,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
13			$ 200,000	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.
14			$ 1,470,000	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need. CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues. They have a general practicitioner. Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently

	I	J	K
11	Essential Local Public Health Services		
12	State Emergency Relief	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	
13	Essential Local Public Health Services		
14	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration	Took off the $500K for LPH and replaced it with this,.	

	A	B	C	D
15	9	**Nutrition -- Secondary Prevention and Education**		$ 30,000
16	10	**Behavioral Health - Treatment**		$ 1,335,000
17	11	**Community Mental Health**		$ 500,000
18	12	**Other Medical and Behavioral Health Concerns**		$ 275,000
19				
20		**Total FY16 Supplemental Funding Request**	**8.5**	**$ 11,810,000**
21				
22		**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**		
23	10	**Food Supply -- Tertiary Prevention**		$ 573,333
24	11	**Medical Health - Secondary Prevention**		$ 346,667
25	13	**CMH TBD - ROBERTS/LYON/LG**		

	E	F	G	H
15	$ 927,000		$ 957,000	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant. Have two existing clinics (not necessarily at capacity).
16		2535000	$ 3,870,000	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.
17			$ 500,000	Crisis support and counseling through Community Mental Health organizations.
18			$ 275,000	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
19				
20	**$ 2,552,000**	**$ 2,845,000**	**$ 17,207,000**	
21				
22				
23			$ 573,333	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
24			$ 346,667	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
25		Placeholder		

	I	J	K
15	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services	\	
16	Community Mental Health General Fund		Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.
17			
18	Special Projects	Are we already doing this?	
19			
20	0		
21			
22			
23	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"		
24	Prenatal Care Outreach and Service Delivery Support		
25			

	A	B	C	D
26				
27				
28		**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**		
29	**14**	**Continuation of FY16 Supplemental**	8	$ 850,000
30	**15**	**Cost for epidemiologists**	2	
31	**16**	**Cost to abate lead homes in Flint**	4	
32	**17**	**Additional lead investigations**		
33	**18**	**Increase nurse case management**	1	
34	**19**	**Increase community education**	2	
35	**20**	**Water Resources**		$ 12,000,000
36	**21**	**Food Inspections**		$ 300,000

	E	F	G	H
26				
27				
28				
29			$ 850,000	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.
30		$ 220,000	$ 220,000	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.
31	$ 2,261,000		$ 2,261,000	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.
32	$ 130,000		$ 130,000	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)
33		$ 100,000	$ 100,000	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.
34		$ 180,000	$ 180,000	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.
35			$ 12,000,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
36			$ 300,000	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate

	I	J	K
26			
27			
28			
29	Epidemiology Administration		
30	Epidemiology Administration		
31	Healthy Homes Program		
32	Healthy Homes Program		
33	Childhood Lead Program		
34	Essential Local Public Health Services		
35	State Emergency Relief		
36	Essential Local Public Health Services		

	A	B	C	D
37	**22**	**Education and Access -- Secondary Prevention**		$ 1,200,000
38	**23**	**Nutrition -- Secondary Prevention and Education**		$ 29,240
39	**24**	**Food Supply -- Tertiary Prevention**		$ 860,000
40	**25**	**Medical Health - Secondary Prevention**		$ 520,000
41	**26**	**Behavioral Health - Treatment**		$ 1,995,200

	E	F	G	H
37			$ 1,200,000	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.
38		$ 1,405,760	$ 1,435,000	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.
39			$ 860,000	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
40			$ 520,000	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
41		$ 3,804,800	$ 5,800,000	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.

	I	J	K
37	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration		
38	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services		
39	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"		
40	Prenatal Care Outreach and Service Delivery Support		
41	Community Mental Health General Fund		

	A	B	C	D
42	**27**	**Other Medical and Behavioral Health Concerns**		$ 266,667
43	**28**	**CMH TBD - ROBERTS/LYON/LG**		
44		**Total FY17 Funding Request**	**17**	**$ 18,021,107**
45				
46				
47		Notes:		
48		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.		
49		(2) FY16 levels support work to take place in the City of Flint only.		
50		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.		

	E	F	G	H
42			$ 266,667	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
43		Placeholder		
44	**$ 2,391,000**	**$ 5,710,560**	**$ 26,122,667**	
45				
46				
47				
48				
49				
50				

	I	J	K
42	Special Projects		
43			
44	0		
45			
46			
47			
48			
49			
50			

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D16
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	A	B	C
1			**Michigan Department of Health and Human Services**
2			**Public Act 3 of 2016**
3			**FY16 Flint Supplemental #2 (January 2016)**
4			
5			**Appropriation** **Detailed Description**
6			
7	**1**	**FLINTW-01**	**Food Inspections**
8			- These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.).
9			- These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager.
10			- The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration.
11			- The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring.
12			- These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function.
13			- These funds have not been increased in years.
14			
15	**2**	**FLINTW-02**	**Other Medical and Behavioral Health Concerns**
16			**- Med Team**
17			-These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
18	`		
19	**3**	**FLINTW-03**	**Water Resources**
20			-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.
21			
22	**4**	**FLINTW-04**	**Cost for epidemiologists to conduct detailed analysis of EBL reports**
23			- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.

	D	E	F	G
1				
2				
3				
4				
5	**Program Contact**	**Vendor**	**Contract Status**	**Action Date**
6				
7	**Mark Miller Shawn Dunleavy (MDARD)**	**Genesee County Health Department**	**Application released to GCHD for $200,000 through EGrAMS.**	**2/5/2016**
8				
9				
10				
11				
12				
13				
14				
15	**Farah Hanley Kim Stepten**	**Wayne State University (WSU)**	**Pending application release. Waiting for Prupose statement**	**2/5/2016**
16				
17				
18				
19		**Purchase Orders**	**Complete. Product Delivered.**	
20				
21				
22	**Martha Stanbury**	**Michigan Public Health Institute (MPHI)**	**Application released in EGrAMS "Childhood Lead Poisioning Prevetion Program Epidemiology Support".**	**2/2/2016**
23				

	H	I	J
1			
2			
3			
4			
5	**Contractual FTEs**	**GF**	**State Restricted**
6			
7		$ 200,000	
8			
9			
10			
11			
12			
13			
14			
15		$ 275,000	
16			
17			
18			
19		$ 4,612,800	
20			
21			
22	2	$ -	$ -
23			

	K	L	M	N	O
1					
2					
3					
4					
5	**Federal**	**Gross**	**Detailed Description**	**2/12/2016 Status**	
6					**Affected Line Items**
7		$ 200,000		Grantee entering budget on the application.	Essential Local Public Health Services
8					
9					
10					
11					
12					
13					
14					
15		$ 275,000			Special Projects
16					
17					
18					
19		$ 4,612,800			State Emergency Relief
20					
21					
22	$ 145,000	$ 145,000		Pending Budget Approval submitted by grantee 2/11/2016, approved by program 2/12/2016.	Epidemiology Administration
23					

	P
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	Are we already doing this?
16	
17	
18	
19	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole
20	
21	
22	
23	

	A	B	C
147			
148			
149			
150	**9**		**Increase community education**
151			
152			
153	**10**		**Water Resources**
154			
155			
156	**11**		**Food Inspections**
157			
158			
159			
160			
161			
162			
163			
164	**12**		**Education and Access -- Secondary Prevention**
165			
166			
167			
168			
169			
170			
171	**13**		**Nutrition -- Secondary Prevention and Education**
172			
173			
174			

	A	B	C
175			
176			
177			
178	**14**		**Food Supply -- Tertiary Prevention**
179			
180			
181			
182			
183			
184	**15**		**Medical Health - Secondary Prevention**
185			
186			
187			
188	**16**		**Behavioral Health - Treatment**
189			
190			
191			
192			
193			
194			
195	**17**		**Other Medical and Behavioral Health Concerns**
196			
197			
198	**18**		**CMH TBD - ROBERTS/LYON/LG**
199			**Total FY17 Funding Request**
200			
201			
202			Notes:

	A	B	C
203			(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.
204			(2) FY16 levels support work to take place in the City of Flint only.
205			(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.

	A	B	C
24			- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.
25			- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with heatlh department.
26			- Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
27			- Epidemiologists will take data that shows where investigations have occurred, where purchases have been made, to determine whether the high risk areas have been addressed.
28			- Overlay zip code data with those addresses that have received filters to determine how many homes are in the highest need have received filters and where we need to focus our energy in getting out filters.
29			- Use available Maternal and Child Health Block Grant funding.
30			
31	**5**	**FLINTW-05**	**Lead abatement - Field Contractual**
32			
33			
34			
35			- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.
36			- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing
37			- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.
38			-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.
39			-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.
40			-Use Healthy Michigan Fund available lapse funding
41			
42	**6**	**FLINTW-06**	**Additional lead investigations**
43			**- ETC**
44			- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.
45			-ETC determines all the environmental samples in the home including paint, soil and dust.
46			-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.

	D	E	F	G
24				
25				
26				
27				
28				
29				
30				
31				
32	Mikelle Robinson Wesley Priem	SEMHA	Application released to the Grantee for $94,000 to cover six months.	2/10/2016
33	Mikelle Robinson Wesley Priem	SEMHA	Current staff reassigned to Flint. Agreement funding will be shifted by Budget. Possible additional funds to be allocated in FY 2017 to continue project.	
34	Mikelle Robinson Wesley Priem	Preapproved Contractors	Abatement will be awarded on a competitive basis to pre-approved contractors $1,210,000	
35				
36				
37				
38				
39				
40				
41				
42	Wesley Priem	ETC	Waiting for Purchase Order Request form.	
43				
44				
45				
46				

	H	I	J
24			
25			
26			
27			
28			
29			
30			
31	3.5		$ 1,510,000
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42	0		$ 90,000
43			
44			
45			
46			

	K	L	M	N	O
24					
25					
26					
27					
28					
29					
30					
31		$ 1,510,000			Healthy Homes Program
32				Grantee entering work plan and budget on the application.	
33				Estimated total salaries $300,000 per Wesley Priem	
34					
35					
36					
37					
38					
39					
40					
41					
42		$ 90,000		Program prepared DCH 0016. Waiting for documentation to complete Purchase Order.	Healthy Homes Program
43					
44					
45					
46					

	A	B	C
47			-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.
48			
49	**7**	**FLINTW-07**	**Nurse Case Mgt and NFP**
50			**-Nurse Family Partnership $500,000**
51			-Funds support the increased testing and follow up necessary with the new homes being investigated.
52			**-One FTE / contract nurse case manager $70,000**
53			-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.
54			-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.
55			- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.
56			- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.
57			- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.
58			- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.
59			
60	**8**	**FLINTW-08**	**GCHD and Food Bank**
61			**- GCHD Contract $120,000**
62			-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.
63			**-Food bank - $1,037,200**
64			-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.
65			- $1 million to expand food bank partnerships in the City of Flint
66			- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.
67			- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.
68			- This educational component was not part of the previous supplemental.
69			- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.
70			

	D	E	F	G
47				
48				
49				
50	Nancy Peeler Carry Tarry Lucie Taylor	Hurley Medical Center	Application released to Hurley $500,000 Accounting Paid full amount as advance	2/4/2016
51				
52	Mikelle Robinson Nancy Peeler	Genesee Health Department	No official request has been received.	
53				
54				
55				
56				
57				
58				
59				
60				
61	Mikelle Robinson Mark Miller Orlando Todd	Who?	New program for Health Education. Details unavailable at this time.	
62				
63		Genesee County Food Bank	Pending Budget Approval Accounting advanced $100,000	
64				
65				
66				
67				
68				
69				
70				

	H	I	J
47			
48			
49	1	500000	$ 25,000
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60	2	$ 1,037,200	
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			

	K	L	M	N	O
47					
48					
49	$ 45,000	$ 570,000			Childhood Lead Program
50				Grantee entering work plan and budget on the application.	
51					
52				Request to issue grant applications has not been received from Program.	
53					
54					
55					
56					
57					
58					
59					
60	$ 120,000	$ 1,157,200			Essential Local Public Health Services
61				Request to issue grant applications has not been received from Program.	
62					
63					
64					
65					
66					
67					
68					
69					
70					

	A	B	C
71	**9**	**FLINTW-09**	**Ed & Access- CAHC, PtoP, CHAP**
72			**- CAHCs $650,000**
73			- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.
74			**- P to P expansion $720,000 & 6.0 FTEs**
75			- Programs will provide medical and other related support services in every school in Flint.
76			**- CHAP $200,000**
77			- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.
78			- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.
79			- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.
80			- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.
81			- They have a general practicitioner.
82			- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently
83			
84	**10**	**FLINTW-10**	**Nutrition -- WIC**
85			**- Co-locate WIC staff $872,000**
86			- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.
87			**- Lactation consultant $ 85,000**
88			- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. ($55,000 Federal & $30,000 GF)
89			- DHHS would need to negotiate this proposal with the federal government to receive federal funding.
90			- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.
91			- Research shows that children who are breastfed are healthier and have better immunity against diseases.
92			- Assume Medicaid funding for the lactation consultant.
93			- Have two existing clinics (not necessarily at capacity).

	D	E	F	G
71				
72	Carry Tarry Lucie Taylor	Michigan Primary Care Association (MPCA)	Application released Master agreement. "Expansion of Children's Adolescent Health Care-Flint" $650,000	2/5/2016
73				
74			Additional FTEs in County Human Services Offices -Current MOU covers the increased services to the schools.	2/4/2016
75				
76	Carry Tarry Lucie Taylor	Greater Flint Coalition	Application released through EGrAMS. "CHAPE-2016" $200,000. Accounting processed Advance for full amount	2/5/2016
77				
78				
79				
80				
81				
82				
83				
84				
85	Stan Bien Brittany LaRue		No official request has been received. Per Mikelle working with Hurley and MDE to develop plans.	
86				
87	Stan Bien Brittany LaRue		No official request has been received.	
88				
89				
90				
91				
92				
93				

	H	I	J
71		$ 1,570,000	
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84		$ 30,000	$ 927,000
85			
86			
87			
88			
89			
90			
91			
92			
93			

	K	L	M	N	O
71		$ 1,570,000			School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
72				Grantee entering work plan and budget on the application.	
73					
74					
75					
76				Grantee has not started entering work plan and budget on the application. Program is working with the Grantee to complete the application.	
77					
78					
79					
80					
81					
82					
83					
84		$ 957,000			Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
85				Request to issue grant applications has not been received from Program.	
86					
87				Request to issue grant applications has not been received from Program.	
88					
89					
90					
91					
92					
93					

	P
71	Took off the $500K for LPH and replaced it with this,.
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	\
85	
86	
87	
88	
89	
90	
91	
92	
93	

	A	B	C
94			
95	**11**	**FLINTW-11**	**Behavioral Health and MC3**
96			**- Money to CMHs $3,670,000**
97			- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. ($2,535,000 Federal & $1,135,000 GF)
98			**- MC3 expansion $200,000 GF**
99			- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.
100			- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.
101			- MC3 is a new program that is only parts of the state and expansion is strongly supported.
102			- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).
103			- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.
104			- Assume Medicaid funding.
105			
106	**12**	**FLINTW-12**	**CMH Crisis Counseling**
107			- Crisis support and counseling through Community Mental Health organizations.
108			
109			
110			**Total FY16 Supplemental Funding Request**
111			
112			**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**
113	**1**		**Food Supply -- Tertiary Prevention**
114			
115			
116			

	D	E	F	G
94				
95				
96	**Cindy Kelly**	**Genesee Health Systems**	**Medicaid FFS Payment**	
97				
98	**Shari Falvay Karen Cashen**	**University of Michigan**	**Application released Master agreement. "Michigan Child Collaborative Care (MC3) Project". Accounting processed advance for $200,000 on 2/5/2016**	**2/5/2016**
99				
100				
101				
102				
103				
104				
105				
106	**Cindy Kelly**	**Genesee Health Systems**	**Increase approp to CMH. Accounting processed prepayment payment.**	**2/9/2016**
107				
108				
109				
110				
111				
112				
113				
114			-This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity.	
115			-The Mobile food bank will assist with access in hard to reach communities.	
116			-Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.	

	H	I	J
94			
95		$ 1,335,000	
96			
97			
98			
99			
100			
101			
102			
103			
104			
105			
106		$ 500,000	
107			
108			
109			
110	**8.5**	**$ 10,060,000**	**$ 2,552,000**
111			
112			
113		$ 573,333	
114			
115			
116			

	K	L	M	N	O
94					
95	$ 2,535,000	$ 3,870,000			Community Mental Health General Fund
96				Program is still determining how to process an agreement.	
97					
98				Grantee entering work plan and budget on the application. Program meet with grantee 2/11/16 to discuss budget and workplan needs.	
99					
100					
101					
102					
103					
104					
105					
106		$ 500,000		No Further Action required.	
107					
108					
109					
110	**$ 2,845,000**	**$ 15,457,000**			0
111					
112					
113		$ 573,333			Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
114					
115					
116					

	A	B	C
117			
118	**2**		**Medical Health - Secondary Prevention**
119			
120			
121			
122	**3**		**CMH TBD - ROBERTS/LYON/LG**
123			
124			
125			**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**
126	**4**		**Continuation of FY16 Supplemental**
127			
128			
129			
130			
131	**5**		**Cost for epidemiologists**
132			
133			
134	**6**		**Cost to abate lead homes in Flint**
135			
136			
137			
138			
139			
140	**7**		**Additional lead investigations**
141			
142			
143			
144			
145			
146	**8**		**Increase nurse case management**

	D	E	F	G
117			-Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	
118				
119			-This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays.	
120			-Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives.	
121			-Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146				

	H	I	J
117			
118		$ 346,667	
119			
120			
121			
122			
123			
124			
125			
126	8	$ 850,000	
127	- Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations.		
128	- GF or excess Healthy Michigan Funds could be used.		
129	- Counted as GF here because the original FY16 supplemental appropriated GF.		
130	- OTHER DETAIL		
131	2		
132	- Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint.		
133	- Work conducted by the epidemiologists will be new functions not currently conducted.		
134	4		$ 2,261,000
135	- Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint.		
136	- Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000).		
137	- Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary.		
138	- Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.		
139	- OTHER DETAIL		
140			$ 130,000
141	- Funds support additional lead environmental investigations.		
142	- This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead.		
143	- This does not include funding for lead abatement.		
144	- This is done via contract with ETC Consulting. (No FTEs)		
145	- OTHER DETAIL		
146	1		

	K	L	M	N	O
117					
118		$ 346,667			Prenatal Care Outreach and Service Delivery Support
119					
120					
121					
122	Placeholder				
123					
124					
125					
126		$ 850,000			Epidemiology Administration
127					
128					
129					
130					
131	$ 220,000	$ 220,000			Epidemiology Administration
132					
133					
134		$ 2,261,000			Healthy Homes Program
135					
136					
137					
138					
139					
140		$ 130,000			Healthy Homes Program
141					
142					
143					
144					
145					
146	$ 100,000	$ 100,000			Childhood Lead Program

	H	I	J
147	- Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated.		
148	- Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.		
149	- OTHER DETAIL		
150	2		
151	- Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.		
152	- OTHER DETAIL		
153		$ -	
154	- To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.		
155	- Estimate from SBO per MSP.		
156		$ -	
157	- These funds would be used to support MDARD's environmental health division's work to do long term follow up.		
158	- These funds will specifically go towards field inspection staff to conduct the field work at restaurants.		
159	- These will be limited term staff.		
160	- Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years.		
161	- The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.		
162	- Full year estimate		
163	- OTHER DETAIL		
164		$ 1,200,000	
165	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.		
166	- Programs will provide medical and other related support services in every school in Flint.		
167	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.		
168	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.		
169	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.		
170	- OTHER DETAIL		
171		$ 29,240	
172	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.		
173	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.		
174	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.		

	K	L	M	N	O
147					
148					
149					
150	$ 180,000	$ 180,000			Essential Local Public Health Services
151					
152					
153		$ -			State Emergency Relief
154					
155					
156		$ -			Essential Local Public Health Services
157					
158					
159					
160					
161					
162					
163					
164		$ 1,200,000			School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
165					
166					
167					
168					
169					
170					
171	$ 1,405,760	$ 1,435,000			Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
172					
173					
174					

	H	I	J
175	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.		
176	- Research shows that children who are breastfed are healthier and have better immunity against diseases.		
177	- Assume Medicaid funding for the lactation consultant.		
178		$ 860,000	
179	- This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity.		
180	- The Mobile food bank will assist with access in hard to reach communities.		
181	- Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.		
182	- Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.		
183	- OTHER DETAIL		
184		$ 520,000	
185	- This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays.		
186	- Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives.		
187	- Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.		
188		$ 1,995,200	
189	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.		
190	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.		
191	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.		
192	- MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).		
193	- Assume Medicaid funding.		
194	- OTHER DETAIL		
195		$ 266,667	
196	- These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.		
197	- OTHER DETAIL		
198			
199	**17**	**$ 5,721,107**	**$ 2,391,000**
200			
201			
202			

	K	L	M	N	O
175					
176					
177					
178		$ 860,000			Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
179					
180					
181					
182					
183					
184		$ 520,000			Prenatal Care Outreach and Service Delivery Support
185					
186					
187					
188	$ 3,804,800	$ 5,800,000	Assume Medicaid funding.		Community Mental Health General Fund
189					
190					
191					
192					
193					
194					
195		$ 266,667			Special Projects
196					
197					
198	Placeholder				
199	**$ 5,710,560**	**$ 13,822,667**			0
200					
201					
202					

	Q
94	
95	Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.
96	
97	
98	
99	
100	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	

Cell: I95
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health** - Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		1,000,000
27						6,500
28	**Other Medical and Behavioral Health Concerns**					153.85
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		2,250
32						444
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Intensive home based and wrap around cost		
27	cost per year per kid		
28	For every million in wrap around you can serve 153 kids		
29			
30	targeted case management		
31	cost per year per kid		
32	For every million in wrap around you can serve 153 kids		
33			
34			

	A	B	C	D
1	**DHHS - HB 5220 Supplemental for Flint water emergency (SENATE APPROPS - 1/27/16)**			
2		1	2	3
3		Food inspections at licensed food establishments	Assessment of potential linkages to Legionnaire's Disease; contractual staff	Purchases of bottled water, water filters, faucet mounts and replacement cartridges **(reduced by $2,887.2 GF from $8,000.0)**
4	**Department of Health and Human Services**			
5	APPROPRIATIONS SUMMARY:			
6	**GROSS APPROPRIATION**	**$200.0**	**$275.0**	**$5,112.8**
7	Federal revenues:			
8	Total other federal revenues	$0.0	$0.0	$0.0
9	Special revenue funds:			
10	Total other state restricted revenues	$0.0	$0.0	$0.0
11	**State general fund/general purpose**	**$200.0**	**$275.0**	**$5,112.8**
12	double check	$0.0	$0.0	$0.0
13				
14	Section 117. Local Health Administration and Grants			
15				
16	Flint declaration of emergency	$200.0	$275.0	$5,112.8
17				
18	**Gross Appropriation**	**$200.0**	**$275.0**	**$5,112.8**
19	Federal revenues:			
20	Total other federal revenues	$0.0	$0.0	$0.0
21	Total other state restricted revenues	$0.0	$0.0	$0.0
22	State general fund/general purpose	$200.0	$275.0	**$5,112.8**
23				
24	State restricted for items #5, 6, 7 and 10 = Healthy MI Funds			
25	Federal for items #4, 7 and 8 = MCH Block			
26	Federal for item #11 = Medicaid			
27				
28				

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	E	F	G	H	I	J	K	L	M
1									
2	4	5	6	7	8	9	10	11	12
3	Epidemiologists to analyze blood levels	Lead abatement of homes, contractual staff and field consultants	Additional lead investigations	Nurse case management	Additional positions for community education at Genesee County Health Department **(added $1,037.2 GF for food banks)**	~~Support for child and~~ adolescent health centers, Children's Healthcare Access Program, and medical support services in schools **~~(added $100.0 GF for private MI Child Collaborative Care program)~~**	Nutrition support by WIC staff; education and screening; lactation consultant at Genesee County Health Dept.	~~CMH Treatment of~~ individuals with high lead blood levels; diagnostic testing, nurse visits, and environmental assessments **(added $100.0 GF for private MI Child Collaborative Care program)**	Crisis counseling through local community mental health
4									
5									
6	**$145.0**	**$1,510.0**	**$90.0**	**$70.0**	**$1,157.2**	**$1,470.0**	**$957.0**	**$3,970.0**	**$500.0**
7									
8	$145.0	$0.0	$0.0	$45.0	$120.0	$0.0	$0.0	$2,535.0	$0.0
9									
10	$0.0	$1,510.0	$90.0	$25.0	$0.0	$0.0	$927.0	$0.0	$0.0
11	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$1,037.2**	**$1,470.0**	**$30.0**	**$1,435.0**	**$500.0**
12	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
13									
14									
15									
16	$145.0	$1,510.0	$90.0	$70.0	$1,157.2	$1,470.0	$957.0	$3,970.0	$500.0
17									
18	**$145.0**	**$1,510.0**	**$90.0**	**$70.0**	**$1,157.2**	**$1,470.0**	**$957.0**	**$3,970.0**	**$500.0**
19									
20	$145.0	$0.0	$0.0	$45.0	$120.0	$0.0	$0.0	$2,535.0	$0.0
21	$0.0	$1,510.0	$90.0	$25.0	$0.0	$0.0	$927.0	$0.0	$0.0
22	$0.0	$0.0	$0.0	$0.0	**$1,037.2**	**$1,470.0**	$30.0	$1,435.0	$500.0
23									
24									
25						$1,750.0			
26						$100.0			
27						$1,037.2			
28						$2,887.2			

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	N	O
1		
2		
3	**Total - HB 5220 DHHS Flint Supplemental (as passed Senate Approps)**	
4		
5		
6	**$15,457.0**	
7		
8	$2,845.0	
9		
10	$2,552.0	
11	**$10,060.0**	
12	$0.0	
13		
14		
15		
16	**$15,457.0**	
17		
18	**$15,457.0**	gross
19		
20	**$2,845.0**	federal
21	**$2,552.0**	SR
22	**$10,060.0**	GF
23		
24		
25		
26		
27		
28		

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	A	B	C	D
1		**Michigan Department of Health and Human Services**		
2		**FY16 and FY17 Supplemental Request**		
3		**January 15, 2016**		
4				
5		**Appropriation**	**Contractual FTEs**	**GF**
6		**FINAL FY16 SUPPLEMENTAL ESTIMATES TO BE RELEASED WEEK OF 1/17/16**		
7	**1**	**Cost for epidemiologists**	2	$ -
8	**2**	**Cost to abate lead homes in Flint**	3.5	
9	**3**	**Additional lead investigations**	0	
10	**4**	**Increase nurse case management**	1	

	E	F	G	H
1				
2				
3				
4				
5	**State Restricted**	**Federal**	**Gross**	**Detailed Description**
6				
7	$ -	$ 146,667	$ 146,667	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
8	$ 1,507,333		$ 1,507,333	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.
9	$ 86,667		$ 86,667	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.
10		$ 66,667	$ 66,667	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.

	I	J	K
1			
2			
3			
4			
5			
6	**Affected Line Items**		
7	Epidemiology Administration		
8	Healthy Homes Program		
9	Healthy Homes Program		
10	Childhood Lead Program		

	A	B	C	D
11	**5**	**Increase community education**	2	
12	**6**	**Water Resources**		$ 7,500,000
13	**7**	**Food Inspections**		$ 200,000
14	**8**	**Education and Access -- Secondary Prevention**		$ 800,000
15		**Education and Access -- Secondary Prevention and Targeting Primary Care Providers**		$ 569,867

	E	F	G	H
11		$ 120,000	$ 120,000	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.
12			$ 7,500,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
13			$ 200,000	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.
14			$ 800,000	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.
15			$ 569,867	Additional funding requested by Director Lyon. Use savings from GF change from Behavioral Health Treatment item#12 to increase education and access secondary prevention efforts.

	I	J	K
11	Essential Local Public Health Services		
12	State Emergency Relief	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	
13	Essential Local Public Health Services		
14	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration	Took off the $500K for LPH and replaced it with this,.	
15		Down $100,000 to cover ISDs	**May give this all to us in one line item**

	A	B	C	D
16	9	**Nutrition -- Secondary Prevention and Education**		$ 29,240
17	12	**Behavioral Health - Treatment**		$ 1,330,133
18	13	**Other Medical and Behavioral Health Concerns**		$ 266,667
19				
20				
21		**Total FY16 Supplemental Funding Request**	**8.5**	**$ 10,695,907**
22				
23		**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**		
24	10	**Food Supply -- Tertiary Prevention**		$ 573,333
25	11	**Medical Health - Secondary Prevention**		$ 346,667
26	14	**CMH TBD - ROBERTS/LYON/LG**		
27				

	E	F	G	H
16	$ 927,427		$ 956,667	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.
17		$ 2,536,533	$ 3,866,667	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.
18			$ 266,667	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
19				
20				
21	**$ 2,521,427**	**$ 2,869,867**	**$ 16,087,200**	
22				
23				
24			$ 573,333	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
25			$ 346,667	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
26		Placeholder		
27				

	I	J	K
16	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services	\	
17	Community Mental Health General Fund		**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**
18	Special Projects	Are we already doing this?	
19			
20			
21	0		
22			
23			
24	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"		
25	Prenatal Care Outreach and Service Delivery Support		
26			
27			

	A	B	C	D
28				
29		**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**		
30	**15**	**Continuation of FY16 Supplemental**	8	$ 850,000
31	**16**	**Cost for epidemiologists**	2	
32	**17**	**Cost to abate lead homes in Flint**	4	
33	**18**	**Additional lead investigations**		
34	**19**	**Increase nurse case management**	1	
35	**20**	**Increase community education**	2	
36	**21**	**Water Resources**		$ 11,250,000
37	**22**	**Food Inspections**		$ 300,000

	E	F	G	H
28				
29				
30			$ 850,000	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.
31		$ 220,000	$ 220,000	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.
32	$ 2,261,000		$ 2,261,000	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.
33	$ 130,000		$ 130,000	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)
34		$ 100,000	$ 100,000	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.
35		$ 180,000	$ 180,000	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.
36			$ 11,250,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
37			$ 300,000	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate

	I	J	K
28			
29			
30	Epidemiology Administration		
31	Epidemiology Administration		
32	Healthy Homes Program		
33	Healthy Homes Program		
34	Childhood Lead Program		
35	Essential Local Public Health Services		
36	State Emergency Relief		
37	Essential Local Public Health Services		

	A	B	C	D
38	**23**	**Education and Access -- Secondary Prevention**		$ 1,200,000
39	**24**	**Nutrition -- Secondary Prevention and Education**		$ 29,240
40	**25**	**Food Supply -- Tertiary Prevention**		$ 860,000
41	**26**	**Medical Health - Secondary Prevention**		$ 520,000
42	**27**	**Behavioral Health - Treatment**		$ 1,995,200

	E	F	G	H
38			$ 1,200,000	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.
39		$ 1,405,760	$ 1,435,000	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.
40			$ 860,000	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
41			$ 520,000	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
42		$ 3,804,800	$ 5,800,000	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.

	I	J	K
38	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration		
39	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services		
40	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"		
41	Prenatal Care Outreach and Service Delivery Support		
42	Community Mental Health General Fund		

	A	B	C	D
43	**28**	**Other Medical and Behavioral Health Concerns**		$ 266,667
44	**29**	**CMH TBD - ROBERTS/LYON/LG**		
45		**Total FY17 Funding Request**	**17**	**$ 17,271,107**
46				
47				
48		Notes:		
49		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.		
50		(2) FY16 levels support work to take place in the City of Flint only.		
51		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.		

	E	F	G	H
43			$ 266,667	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
44		Placeholder		
45	**$ 2,391,000**	**$ 5,710,560**	**$ 25,372,667**	
46				
47				
48				
49				
50				
51				

	I	J	K
43	Special Projects		
44			
45	0		
46			
47			
48			
49			
50			
51			

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D15
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

Cell: D17
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health -** Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1		**Distribution of Flint Emergency Declaration Funding - As of January 18, 2016**	
2			
3	**1**	**EPIDEMIOLOGIST INCURRED STAFF EXPENSES**	
4		**TOTAL AMOUNT ALLOCATED PER SUPPLMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
5		$ 425,000	$ 141,664
6			
7		$ 65,000	$ 17,696
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21		$ 32,000	$ 4,481
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35		$ 34,976	$ 8,349
36			
37		$ 8,024	$ -

	D
1	
2	
3	
4	**DESCRIPTION**
5	Agreement with Genessee County for nurses
6	
7	Epidemiologist (Courtney Wisinski's payroll)
8	Responsibilities:
9	• Review elevated blood level (EBL) sampling protocols to ensure they will meet specific needs for Flint families
10	• Develop contract language for private consulting firm retained to perform EBL environmental investigations
11	• Oversee production and quality assurance of private firm performing EBL environmental investigations to ensure compliance with state and federal standards.
12	• Oversee data collection and analysis of results of EBL investigations
13	• Facilitation and coordination of EBL investigations with nursing case managers of EBL children/families
14	• Participation and facilitation of outreach events with families in Flint in coordination with Genesee County Health Department and health plans in the region as well as local partners
15	• Case liaison with families:
16	○ Address scheduling conflicts with EBL investigator
17	○ Provide direct educational support to explain the results of the EBL report and discuss next steps to address lead hazards found.
18	○ Coordination of lead hazard control of the home with families as needed, including relocation of family during abatement of hazards
19	• Evaluation and dissemination of findings of EBL investigations.
20	
21	Toxicologist (Jennifer Gray)
22	
23	Provide toxicology support that can include, upon request, but is not limited to the following:
24	• modify and run IEUBK lead (Pb) model,
25	• identify toxicology, epidemiology, and environmental monitoring studies to support model assumptions,
26	• review and describe analytical data and model data,
27	• review lead toxicology,
28	• review environmental and drinking water sampling plans to ensure data collection will allow for residual risk calculations,
29	• explain the human toxicity of lead,
30	• attend internal and public meetings,
31	• write up technical results,
32	• review technical accuracy of health education materials, and
33	• provide presentations to health professionals and/or public.
34	
35	Health Educator (MPHI Michelle Bruneau)
36	
37	Supplies

	E	F	G
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21	Environmental		Epidemiologist (MPHI Michelle Bruneau)
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35	Environmental - creating documents for Flint website including phosphate sheets, information regarding bathing with the water, etc.		
36			
37	Environmental		

	A	B	C
38			
39		$ 10,000	$ -
40			
41	**Subtotal Epidemiologist Related Expenses**	**$ 575,000**	**$ 172,190**
42			
43			
44	**2**	**CONTRACT EXPENSES**	
45		**TOTAL AMOUNT ALLOCATED PER SUPPLMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
46		$ 275,000	
47			
48			
49			
50	**Subtotal Contract Related Expenses**	**$ 275,000**	**$ -**
51			
52	**3**	**WATER RELATED PURCHASES**	
53		**TOTAL AMOUNT ALLOCATED PER SUPPLMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
54		$ 2,137,055	$ -
55			
56			
57			
58			
59			
60			
61	**Subtotal Water Related Expenses**	**$ 2,137,055**	**$ -**
62			
63			
64	**TOTAL**	**$ 2,987,055**	**$ 172,190**
65			
66			
67			
68			
69			
70	**AVAILABLE FUNDING**	**EXPENDED**	**BALANCE**
71	$ 2,137,055	$ -	$ 2,137,055
72	$ 850,000	$ 172,190	$ 677,810

<<AUTODATE >>
<<AUTODATE >>

	D
38	
39	Printing of educational materials for Flint school children
40	
41	
42	
43	
44	
45	**DESCRIPTION**
46	ETC Inc. contract
47	**other? Consulting costs?**
48	
49	
50	
51	
52	
53	**DESCRIPTION**
54	Filters
55	Replacement Cartridges
56	Faucet Mounts
57	Water Pitchers
58	
59	FY15 Work project totaling $2,137,055 has been committed for water filters, cartridges, faucet mounts, and water pitchers. As of date only $1,755,135.90 has been encumbered leaving a balance of $381,919.10 to be added for additional supplies.
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	**DESCRIPTION**
71	FY156 DEQ Rev ($1,000,000) and DHHS Work Project ($1,137,055)
72	FY16 Supplemental

	E	F	G
38			
39	Environmental		
40			
41			
42			
43			
44			
45			
46	Environmental		
47			
48			
49			
50			
51			
52			
53	**ITEMS DELIVERED**		
54	22,000		
55	25,481		
56	0		
57	720		
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			

	A	B	C
73	$ 2,987,055	$ 172,190	$ 2,814,865

	A	B	C
1		**Distribution of Flint Emergency Declaration Funding - As of January 18, 2016**	
2			
3	**1**	**EPIDEMIOLOGIST INCURRED STAFF EXPENSES**	
4		**TOTAL AMOUNT ALLOCATED PER SUPPLMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
5		$ 425,000	$ 141,664
6			
7		$ 65,000	$ 17,696
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21		$ 32,000	$ 4,481
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35		$ 34,976	$ 8,349
36			
37		$ 8,024	$ -
38			

	D	E
1		
2		
3		
4	**DESCRIPTION**	
5	Agreement with Genessee County for nurses	
6		
7	Epidemiologist (Courtney Wisinski's payroll)	
8	Responsibilities:	
9	• Review elevated blood level (EBL) sampling protocols to ensure they will meet specific needs for Flint families	
10	• Develop contract language for private consulting firm retained to perform EBL environmental investigations	
11	• Oversee production and quality assurance of private firm performing EBL environmental investigations to ensure compliance with state and federal standards.	
12	• Oversee data collection and analysis of results of EBL investigations	
13	• Facilitation and coordination of EBL investigations with nursing case managers of EBL children/families	
14	• Participation and facilitation of outreach events with families in Flint in coordination with Genesee County Health Department and health plans in the region as well as local partners	
15	• Case liaison with families:	
16	○ Address scheduling conflicts with EBL investigator	
17	○ Provide direct educational support to explain the results of the EBL report and discuss next steps to address lead hazards found.	
18	○ Coordination of lead hazard control of the home with families as needed, including relocation of family during abatement of hazards	
19	• Evaluation and dissemination of findings of EBL investigations.	
20		
21	Epidemiologist (MPHI Michelle Bruneau)	Environmental
22		
23	Provide toxicology support that can include, upon request, but is not limited to the following:	
24	• modify and run IEUBK lead (Pb) model,	
25	• identify toxicology, epidemiology, and environmental monitoring studies to support model assumptions,	
26	• review and describe analytical data and model data,	
27	• review lead toxicology,	
28	• review environmental and drinking water sampling plans to ensure data collection will allow for residual risk calculations,	
29	• explain the human toxicity of lead,	
30	• attend internal and public meetings,	
31	• write up technical results,	
32	• review technical accuracy of health education materials, and	
33	• provide presentations to health professionals and/or public.	
34		
35	Jennifer Gray's payroll	Environmental
36		
37	Supplies	Environmental
38		

	A	B	C
39		$ 10,000	$ -
40			
41	**Subtotal Epidemiologist Related Expenses**	**$ 575,000**	**$ 172,190**
42			
43			
44	**2**	**CONTRACT EXPENSES**	
45		**TOTAL AMOUNT ALLOCATED PER SUPPLMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
46		$ 275,000	
47			
48			
49			
50	**Subtotal Contract Related Expenses**	**$ 275,000**	**$ -**
51			
52	**3**	**WATER RELATED PURCHASES**	
53		**TOTAL AMOUNT ALLOCATED PER SUPPLMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
54		$ 2,137,055	$ -
55			
56			
57			
58			
59			
60			
61	**Subtotal Water Related Expenses**	**$ 2,137,055**	**$ -**
62			
63			
64	**TOTAL**	**$ 2,987,055**	**$ 172,190**
65			
66			
67			
68			
69			
70	**AVAILABLE FUNDING**	**EXPENDED**	**BALANCE**
71	$ 2,137,055	$ -	$ 2,137,055
72	$ 850,000	$ 172,190	$ 677,810
73	$ 2,987,055	$ 172,190	$ 2,814,865

<<AUTODATE >>
<<AUTODATE >>

	D	E
39	Printing of educational materials for Flint school children	Environmental
40		
41		
42		
43		
44		
45	**DESCRIPTION**	
46	ETC Inc. contract	Environmental
47	**other? Consulting costs?**	
48		
49		
50		
51		
52		
53	**DESCRIPTION**	**ITEMS DELIVERED**
54	Filters	22,000
55	Replacement Cartridges	25,481
56	Faucet Mounts	0
57	Water Pitchers	720
58		
59	FY15 Work project totaling $2,137,055 has been committed for water filters, cartridges, faucet mounts, and water pitchers. As of date only $1,755,135.90 has been encumbered leaving a balance of $381,919.10 to be added for additional supplies.	
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70	**DESCRIPTION**	
71	FY156 DEQ Rev ($1,000,000) and DHHS Work Project ($1,137,055)	
72	FY16 Supplemental	
73		

	A	B	C
1	**Operations Tracking of DHHS Flint Related Initiatives**		
2	**Report as of 1/26/16**		
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21		Jan supp	
22		Jan supp	
23		Feb supp	
24			
25			
26			
27			
28			
29			
30			
31			

	D	E
1		
2		
3		
4		**Estimated/Budgeted Costs**
5	**Physical Health Initiatives**	
6	1115 Waiver for Expanded Eligibility: All children under 21 regardless of income in the impacted zip codes. ** If commercial coverage is available, provide Medicaid wrap services	
7	Expanded Medicaid Benefits: Provide Dietician and Breastfeeding Services/counseling for Flint Medicaid Recipients (SPA/Waiver for statewide implementation if needed)	
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18	**Behavioral Health Initiatives**	
19	Behavioral health - technical assistance for DHHS and the Genesee Health System (Community Mental Health) for needs assessment; immediate, intermediate and long term planning; and behavioral health specific messaging.	
20	Support for continued expansion of local Psychological First Aid resources.	
21	Behavioral Health treatment to fund crisis and treatment services. Expand the Michigan Child Care Collaborative (MC3) program into Genesee County.	$ 5,800,000
22	Additional crisis counseling monies for CMH	$ 750,000
23	Support Cognitive Behavioral Therapy services for kids	$ 8,000,000
24		
25	**Nutrional Health Initiatives**	
26	Expand WIC for city of Flint children, to those 5-10 years of age.	
27	Expand use of WIC/Food Assistance for Farmer's Markets/Food Banks/Mobile Food Banks.	
28	Provide technical assistance to WIC staff on lead and assess ongoing adequacy of nutrition resources; assist with obtaining additional resources as needed.	
29	Funding for development and implementation of a wichealth.org lesson module on nutrition and lead (many WIC clients access nutrition education online through wichealth.org).	
30	Lactation Support - Provide additional federal resources to the WIC program to augment WIC peer counseling and utilize existing staff in more dedicated lactation support role.	
31	Assistance with nutrition planning for the inclusion of private industry to address the food desert.	

	F	G	H	I
1				
2				
3				
4	**Update on Progress**	**Next Steps**	GF	Gross
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

	A	B	C
32		**FLNT16-01**	
33		Jan Supp	
34		Feb Supp	
35			
36			
37			
38			
39			
40		Jan Supp	
41		Jan Supp	
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56		Jan Supp	
57		Jan Supp	
58			

	D	E
32	Food Inspections	$ 300,000
33	Expand WIC and co-locate staff in schools to support nutrition education and counseling.	$ 1,435,000
34	Support a mobile food bank, funding for a dietician, and increase in Double Up Food Bucks	$ 860,000
35		
36		
37	**Inspections and Abatement**	
38	Lead Abatement of Homes	
39	Contract with ETC Training Services Group to conduct Environmental Blood Lead Investigations	$ 275,000
40	Additional funds for contract with ETC to conduct additional EBL investigations	$ 130,000
41	Lead Abatement of Homes	$ 2,261,000
42		
43	**Data and Surveillance**	
44	Mobilize an EPI Aid Team to support a comprehensive community health needs assessment.	
45	Technical assistance to evaluate the childhood lead poisoning prevention program (CLPPP) including examination of options for case definitions; methods to assess data trends such as the use of Shewart charts; and methods to view changes in blood lead data over time, including the ability to adjust for seasonal variation when needed.	
46	Technical assistance in the development of a long term lead surveillance strategy which includes a diverse set of data sources such as medical information found on birth records, data from the birth defects registry and other data sources that may be useful to public health researchers. **Database for long-term monitoring and follow-up surveillance **Case Management Software **Enhanced capacity for laboratory surge for environmental and blood-lead testing through Epi Lab Capacity federal funding	
47	Technical assistance to develop a methodology to assess past lead exposure.	
48	Technical assistance on the use of dried blood spots to examine lead.	
49	Planning assistance on assay validation/proficiency testing/staff competency.	
50	Technical assistance to support the development of guidance and tools to identify buildings that are deemed high risk for the transmission of pathogens such as Legionella.	
51	Technical assistance to develop a strategy for improving prevention, rapid detection and timely reporting of cases of Legionellosis in MI long-term.	
52	Consultation on developing residential water sampling protocols, assessment of water sources and interpretation of results where elevated blood levels are detected.	
53	Establish quality assurance system to verify safe water sources at impacted homes, schools and businesses.	
54	Genesee County Health Department - Emergency Elevated Lead Management in Flint	$ 425,000
55	Provide resources for Epidemiology Administration to support CSS&M, salary and MPHI costs	$ 150,000
56	Epidemiologist salaries to conduct analysis of blood lead levels and address broader areas beyond the City of Flint.	$ 217,500
57	Contract costs to support team of experts that will assess linkages from the increase in Legionnarie's disease	$ 412,500
58		

	F	G	H	I
32			$ 200,000	$ 200,000
33				
34				
35				
36				
37				
38				
39	Number of homes investigated? No invoices yet for services?	Need to intensify number of homes investigated.		
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55	Salaries being supported. No purchases yet for supplies, travel, or educational materials			
56				
57				
58				

	J	K	L
32			Essential Local Public Health Services
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			

	A	B	C
85			
86		Jan Supp	
87		Jan Supp	
88		Jan Supp	
89		Feb Supp	
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
101			
102			
103	Added from FY16 spreadsheet		
104	1		
105	**2**		**FLNT16-02**
106			
107			
108	`		

	D	E
85	Targeted Case Management (either through SPA or Waiver): roughly 1000 children are not transitioning to MHPs from FFS, and MHPs primarily conduct telephonic case management. ** Increase intensity and community based activities to 24/7 access and crisis capacity ** CMH with support from Hurley & CHAP for outreach activities ** Hurley with support from CMH and CHAP for outreach activities ** FQHC	
86	Expand Child and Adolescent Health Centers, Expand Pathways to 5 more FTEs	$ 2,205,000
87	Increase community education	$ 180,000
88	Nurse Case Managers	$ 105,000
89	In Home Visitng Programs	$ 520,000
90		
91	**Medical Care and Supplies**	
92	Lead Abatement through an 1115 waiver financed by a "designated state health program." The State funded program "Healthy Homes" – currently at $1.8m General Fund (GF), but this would allow Medicaid match for all GF. Abatement includes: a. The removal of lead hazards, permanent enclosure or encapsulation of lead based paint, replacement of surfaces or fixtures, removal or covering of soil lead hazards, and all post-abatement clearance testing activities. b. DSHPs are health programs funded by the state, many of which provide safety-net health care services for low-income or uninsured individuals such as adult day care, outpatient substance abuse treatment or care for the mentally ill who are not eligible for Medicaid. CMS has approved DSHP for use in states (e.g. OR), although not for lead abatement	
93		
94		
95		
96		
97	Federal Funding: Health Home Designation (Section 2703 of ACA – MI already has approval, but not in Flint) ** Would need CMS to designate lead exposure as a chronic condition ** Will allow 90% federal match for 8 Quarters for Health Home	
98	Assistance with CMS reimbursement for integrated mobile healthcare/community paramedic.	
99	Assistance in developing a comprehensive plan to accelerate lead testing among children 0-6 years of age.	
100		
101		
102	**Appropriation**	**Contractual FTEs**
103		
104	Moved into list above	
105	**Other Medical and Behavioral Health Concerns**	
106	- Med Team	
107	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	
108		

	F	G	H	I
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
101				
102	**GF**	**State Restricted**	**Federal**	**Gross**
103				
104				
105	$ 275,000			$ 275,000
106				
107				
108				

	J	K	L
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
101			
102	**Detailed Description**		
103			
104			
105		Special Projects	Are we already doing this?
106			
107			
108			

	A	B	C
109	**3**		**FLNT16-03**
110			
111			
112	**4**		**FLNT16-04**
113			
114			
115			
116			
117			
118			
119			
120			
121	**5**		**FLNT16-05**
122			
123			
124			
125			
126			
127			
128			
129	**6**		**FLNT16-06**
130			

	D	E
109	**Water Resources**	
110	-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.	
111		
112	**Cost for epidemiologists to conduct detailed analysis of EBL reports**	$ 2
113	- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.	
114	- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.	
115	- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with heatlh department.	
116	- Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	
117	- Epidemiologists will take data that shows where investigations have occurred, where purchases have been made, to determine whether the high risk areas have been addressed.	
118	- Overlay zip code data with those addresses that have received filters to determine how many homes are in the highest need have received filters and where we need to focus our energy in getting out filters.	
119	- Use available Maternal and Child Health Block Grant funding.	
120		
121	**Cost to abate lead homes in Flint**	$ 4
122	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.	
123	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing	
124	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.	
125	-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.	
126	-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.	
127	-Use Healthy Michigan Fund available lapse funding	
128		
129	**Additional lead investigations**	$ -
130	**- ETC**	

	F	G	H	I
109	$ 8,000,000			$ 8,000,000
110				
111				
112	$ -	$ -	$ 145,000	$ 145,000
113				
114				
115				
116				
117				
118				
119				
120				
121		$ 1,510,000		$ 1,510,000
122				
123				
124				
125				
126				
127				
128				
129		$ 90,000		$ 90,000
130				

	J	K	L
109		State Emergency Relief	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole
110			
111			
112		Epidemiology Administration	
113			
114			
115			
116			
117			
118			
119			
120			
121		Healthy Homes Program	
122			
123			
124			
125			
126			
127			
128			
129		Healthy Homes Program	
130			

	A	B	C
131			
132			
133			
134			
135			
136	**7**		**FLNT16-07**
137			
138			
139			
140			
141			
142			
143			
144			
145			
146	**8**		**FLNT16-08**
147			
148			
149			
150			
151			
152			
153			
154			
155			
156	**9**		**FLNT16-09**

	D	E
131	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.	
132	-ETC determines all the environmental samples in the home including paint, soil and dust.	
133	-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.	
134	-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.	
135		
136	**Increase nurse case management**	$ 1
137	-Funds support the increased testing and follow up necessary with the new homes being investigated.	
138	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.	
139	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.	
140	- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	
141	- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.	
142	- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.	
143	- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.	
144	-Use Medicaid funding.	
145		
146	**Increase community education**	$ 2
147	**- GCHD Contract**	
148	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.	
149	-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.	
150	- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.	
151	- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.	
152	- This educational component was not part of the previous supplemental.	
153	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.	
154	-Use Maternal and Child Health Block grant	
155		
156	**Education and Access -- Secondary Prevention**	

	F	G	H	I
131				
132				
133				
134				
135				
136		$ 25,000	$ 45,000	$ 70,000
137				
138				
139				
140				
141				
142				
143				
144				
145				
146			#REF!	#REF!
147				
148				
149				
150				
151				
152				
153				
154				
155				
156	$ 1,470,000			$ 1,470,000

	J	K	L
131			
132			
133			
134			
135			
136		Childhood Lead Program	
137			
138			
139			
140			
141			
142			
143			
144			
145			
146		Essential Local Public Health Services	
147			
148			
149			
150			
151			
152			
153			
154			
155			
156		School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration	Took off the $500K for LPH and replaced it with this,.

	A	B	C
157			
158			
159			
160			
161			
162			
163			
164			
165			
166			
167			
168	**10**		**FLNT16-10**
169			
170			
171			
172			
173			
174			
175			
176			
177			
178			
179	**11**		**FLNT16-11**
180			
181			
182			
183			

	D	E
157	**- CAHCs**	
158	**- P to P expansion**	
159	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.	
160	- Programs will provide medical and other related support services in every school in Flint.	
161	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.	
162	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.	
163	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	
164	- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.	
165	- They have a general practicitioner.	
166	- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently	
167		
168	**Nutrition -- Secondary Prevention and Education**	
169	**- Co-locate WIC staff**	
170	**- Lactation consultant**	
171	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.	
172	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.	
173	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.	
174	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.	
175	- Research shows that children who are breastfed are healthier and have better immunity against diseases.	
176	- Assume Medicaid funding for the lactation consultant.	
177	- Have two existing clinics (not necessarily at capacity).	
178		
179	**Behavioral Health - Treatment**	
180	**- Money to CMHs**	
181	**- MC3 expansion**	
182	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.	
183	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.	

	F	G	H	I
157				
158				
159				
160				
161				
162				
163				
164				
165				
166				
167				
168	$ 30,000	$ 927,000		$ 957,000
169				
170				
171				
172				
173				
174				
175				
176				
177				
178				
179	$ 1,335,000		$ 2,535,000	$ 3,870,000
180				
181				
182				
183				

	J	K	L
157			
158			
159			
160			
161			
162			
163			
164			
165			
166			
167			
168		Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services	\
169			
170			
171			
172			
173			
174			
175			
176			
177			
178			
179		Community Mental Health General Fund	
180			
181			
182			
183			

	A	B	C
184			
185			
186			
187			
188			
189			
190	**12**		**FLNT16-12**
191			
192			
193			
194			

	D	E
184	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.	
185	- MC3 is a new program that is only parts of the state and expansion is strongly supported.	
186	- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).	
187	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.	
188	- Assume Medicaid funding.	
189		
190	**Community Mental Health**	
191	- Crisis support and counseling through Community Mental Health organizations.	
192		
193		
194	**Total FY16 Supplemental Funding Request**	**$ 3,010,009**

	F	G	H	I
184				
185				
186				
187				
188				
189				
190	$ 500,000			$ 500,000
191				
192				
193				
194	**$ 11,610,000**	**$ 2,552,000**	**#REF!**	**#REF!**

	J	K	L
184			
185			
186			
187			
188			
189			
190			
191			
192			
193			
194		#REF!	

	D	E
59	**Children's Services Initiative**	
60	Discretionary emergency funds aside from our regular flex fund sources (CP/CP, SFSC, etc.) for the following items: ** Food cards-clients are using BRIDGE cards for water, leaving little left for food. ** Gas card clients need to have access to resources and attend medical appointments for follow up specific to lead exposure ** Bus passes-same purpose/intent as above.	
61	Increase match temporarily with Title IV-E funds to support five additional staff for Child Welfare and Cash District offices to track, monitor and follow up with clients.	
62	Grant a limited term administrative rate increase to primary Placement Agency Foster Care (PAFC) contracts.	
63	Augment resources to include healthcare personnel or federal teams to conduct additional blood lead level testing sites.	
64	SMEs to assist with development of safe water (lead) toolkit that includes ways to identify cognitive effects of lead in children with planned distribution to healthcare providers, schools, and day care agencies.	
65	Assistance in building a trauma-informed child- and family-service system. All in system need to recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.	
66		
67		
68	**Education and Outreach Initiatives**	
69	Utilization of CDC experts in interviews with the media and in meeting with the public regarding legionella, lead, and bathing.	
70	Establish opportunities to gather feedback from the community, allow community to speak with experts/staff.	
71	Provide training for staff and providers via webinar on water filters, cartridge replacement, water pitchers and blood lead level.	
72	Identify an expert available to staff and providers to answer questions specific to lead in the water and products available to purify water.	
73	Assistance with development of Public Service Announcements utilizing known/trusted sources.	
74	Informatics in clear format to demonstrate testing results etc.	
75	Establish avenues for public interaction and information exchange beyond social media with capacity to surge during an incident.	
76	Crisis communications response training for Department PIOs and leadership.	
77	Recovery- Provide federal resources to assist local and state with long term recovery. 2-FTE for health and 2-FTE for human services.	
78	Assist with and advise for engagement of public and private organizations that represent the functional, cultural and socio-economic needs of these at risk individuals.	
79	BSN prepared nurses to supervise student nurses rotating through Flint and providing community outreach and intervention to residents. This is a request from Genesee County Health Department.	
80	Expansion of the HAN or development of communication system to include Health Care Providers.	
81	Statewide symposium to address issues with short and long term issues with lead poisoning in children.	
82	Conduct Clinician Outreach and Communication Activity (COCA) webinars to increase outreach to healthcare providers.	
83	Assistance with recruitment and retention of pediatric health care professionals including behavioral health.	
84	Enhanced Medicaid Transportation Services: Funding to support non-emergency transportation vendor for the city. Could extend Logisticare and/or demo a MTA project through additional resources (possible waiver).	

Cell: D32
Comment: Scott, Teri (DCH):
Carrried over from FY16 spreadsheet

Cell: I109
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: F179
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	A	B	C
1	**Expenditure**	**Current Approved Funding**	**October**
2	**Epidemiology Related Expenses**		
3	Supplies	$8,024	
4	Travel	$0	
5	Printing of educational materials for Flint school children.	$10,000	
6	Toxicologist	$34,976	
7	Epidemiologists (3)	$210,000	
8	Health Educator	$32,000	
9	**Subtotal Epidemiology Related Expenses**	**$295,000**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$365,000	$275,000.00
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000	
12	Nurse Family Partnership	$500,000	
13	Water Resources	$6,749,855	
14	Food Inspections	$200,000	
15	Medical Team to Assess Linkages to Legionnaire's	$275,000	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-7-16**	**Balance of Funds Available**
2													
3												$0	$8,024
4		$8.50										$8	($8)
5												$0	$10,000
6	$345.51	$5,286.34	$4,471.76									$10,104	$24,872
7	$2,892.79	$9,497.38	$8,220.72									$20,611	$189,389
8	$1,540.99		$2,940.45									$4,481	$27,519
9	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,204**	**$259,796**
10												$14,239	$350,761
11	$70,832.00	$35,416.00	$35,416.00									$141,664	$353,336
12												$500,000	$0
13												$10,257,959	($3,508,104)
14												$200,000	$0
15												$0	$275,000

<<AUTODATE >> <<AUTODATE >>

MDHHS Operations

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	Q	R	S
1	**What has funding been spent on?**	**If spending is not completely exhausted, what is the next step?**	**What is the timeline to begin action?**
2			
3	n/a	n/a	n/a
4	n/a	n/a	n/a
5	n/a	n/a	n/a
6	Salary costs	n/a	n/a
7	Salary costs	n/a	n/a
8	Salary costs	n/a	n/a
9		Salaries will continue to be paid on a rolling basis as the year continues.	Already taking place
10	Ongoing consulting support to conduct environmental lead investigations. So far 26 homes have been investigated. Invoices are slowly being submitted but services are being conducted.	Progress has lagged due to a lack of applications from families. The department follows up with phone calls and text messages. Several appointments are scheduled for yet this month. The department is sensitive to the expediency of this initiative and is rapidly working to improve the process.	Already taking place
11	Salary costs	Salaries will continue to be paid on a rolling basis as the year continues.	Already taking place
12	Supports the NFP program which supports ongoing home visits from registered nurses to help low income moms receive the necessary medical services.	Payment sent on 2/4/16	Already taking place
13	Need to reference SEOC update	Need to reference SEOC update	Need to reference SEOC update
14	Environmental teams administered through MDARD.	Interagency agreement is being initiated.	Week of Feb 8th
15	Not yet spent	Contract being amended with Wayne State university to support this project. Details and work statement being developed between DHHS and WSU.	Work statement will be finalized by 2/12/15 so that contract will get in place and then WSU can begin their assessment.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	A	B	C
16	Lead Abatement	$1,510,000	
17	Nutrition education through Genesee County Health Department	$120,000	
18	Mobile food banks	$1,037,200	
19	Children's Adolescent Health Centers	$650,000	
20	Pathways to Potential expansion (6 success coaches)	$720,000	
21	Children's Healthcare Access Program (CHAP)	$200,000	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P
16												$0	$1,510,000
17												$0	$120,000
18												$100,000	$937,200
19												$0	$650,000
20												$0	$720,000
21												$200,000	$0

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	Q	R	S
16	Not yet spent	Lead abatement is a slower process then other initiatives due to the intensity of and length of time it takes to do the work. Department is sensitive to the delay and is working to improve expediency. This like the other initiatives are high priority.	Developing timeline
17	Not yet spent	These funds are for two health educators to hire for community health education and promotion. Includes water availability, how to use the filtered water, where to get blood lead testing, etc. Work plan being developed from the GCHD to amend their contract.	Work statement will be finalized by 2/12/15 so that contract amendment will get in place and then GCHD can begin their hiring.
18	$100,000 Advance sent on 2/4/16	The Food bank is submitting its budget on 2/8/16 to reflect the $1 million spend. Their workplan is being amended based on the additional monies to reflect goals and metrics.	The plan is to have the food bank plan up and running by March 1.
19	Not yet spent	Contract was amended week of 1/31/16 to include $550,000 for CAHCs in Flint. Next steps- we are waiting for Mott to get administrative approval before formally committing. There have been two calls with MDE about coordinating with the school nursing funds they recevied.	Planning has already begun. Meeting to be held in the next week or so with Flint community schools, Mott, and MDE to assure coordination is taking place across the district and schools are identified for the health center expansions. Also waiting to secure school commitment to house services so that renovations and hiring of staff can proceed.
20	Not yet spent	Work has begun on establishing the 6 new positions. Coordination is underway with the local Genesee Human Services office. Civil Service has been engaged to begin the Lansing hiring process.	Work is being expedited. Staff may be reassigned and backfilled in order to speed up the placement process.
21	Spent on a program that coordinates medical services with providers of low income children to improve health outcomes	Payment sent on 2/4/16	n/a

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	A	B	C
22	Co-location of WIC staff / Nutrition and Health Education	$872,000	
23	Lactation consultant	$85,000	
24	Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health	$3,670,000	
25	Michigan Child Care Collaborative (MC3) program into Genesee County	$200,000	
26	Crisis counseling through Community Mental Health	$500,000	
27	**Total Flint Water Project**	**$18,444,055**	**$275,000.00**
28			
29	Notes:		
30	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.		
31	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriation of $4,612,800 in 2016 PA 3.		
32	ETC Training Services Group is an Encumbrance		
33	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.		
34			
35			
36			
37			
38			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P
22												$0	$872,000
23												$0	$85,000
24												$0	$3,670,000
25												$200,000	$0
26												$500,000	$0
27	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,149,066**	**$6,294,989**
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													

	Q	R	S
22	Not yet spent	DHHS has reached out to USDA and continues to push for approval for flexibility of these funds. In the meantime the department is developing a plan consistent with WIC goals to establish health education for children in schools and the community. Next step is to hire nutritionists and health educators.	Month of February
23	Not yet spent	Policy has just been established to hire lactation consultants as certified Medicaid providers.	Plan is to hire consultant in February 2016.
24	Not yet spent	Department is establishing a mechanism for CMH to receive Medicaid funding directly since all Medicaid behavioral health payments go through PIHPs.	Month of February
25	Spent on a telemedicine program coordinated through UM where providers connect with patients and families to assist with behavioral health intervention.	Payment sent on 2/4/16	Already taking place
26	Will support services for individuals who don't qualify for Medicaid but who require specific crisis counseling, psychological first aid, and other related services.	Payment sent on 2/4/16	Already taking place
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38		`	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 8, 2016

	A	B	C
1	**Expenditure**	**Current Approved Funding**	**October**
2	**Epidemiology Related Expenses**		
3	Supplies	$8,024	
4	Travel	$0	
5	Printing of educational materials for Flint school children.	$10,000	
6	Toxicologist	$34,976	
7	Epidemiologists (3)	$210,000	
8	Health Educator	$32,000	
9	**Subtotal Epidemiology Related Expenses**	**$295,000**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$365,000	$275,000.00
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000	
12	Nurse Family Partnership	$500,000	
13	Water Resources	$6,749,855	
14	Food Inspections	$200,000	
15	Medical Team to Assess Linkages to Legionairre's	$275,000	
16	Lead Abatement	$1,510,000	
17	Nutrition education through Genesee County Health Department	$120,000	
18	Mobile food banks	$1,037,200	
19	Children's Adolescent Health Centers	$650,000	
20	Pathways to Potential expansion (6 success coaches)	$720,000	
21	Children's Healthcare Access Program	$200,000	
22	Co-location of WIC staff	$872,000	
23	Lactation consultant	$85,000	
24	Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health	$3,670,000	
25	Michigan Child Care Collaborative (MC3) progam into Genesee County	$200,000	
26	Crisis counseling through Community Mental Health	$500,000	
27	**Total Flint Water Project**	**$18,444,055**	**$275,000.00**
28			
29	Notes:		
30	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.		
31	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriaton of $4,612,800 in 2016 PA 3.		
32	ETC Training Services Group is an Encumbrance		
33	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.		
34			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-8-16**	**Balance of Funds Available**		
2															
3												$0.00	$8,024.00		
4		$8.50										$8.50	($8.50)		
5												$0.00	$10,000.00		
6	$345.51	$5,286.34	$4,471.76									$13,833.67	$21,142.33		
7	$2,892.79	$9,497.38	$8,220.72									$25,623.08	$184,376.92		
8	$1,540.99		$2,940.45									$7,088.20	$24,911.80		
9	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$46,553.45**	**$248,446.55**		
10												$275,000.00	$90,000.00		
11	$70,832.00	$35,416.00	$35,416.00									$177,081.00	$317,919.00		
12												$500,000.00	$0.00		
13												$10,257,959.48	($3,508,104.48)		
14												$0.00	$200,000.00		
15												$0.00	$275,000.00		
16												$0.00	$1,510,000.00		
17												$0.00	$120,000.00		
18												$100,000.00	$937,200.00		
19												$0.00	$650,000.00		
20												$0.00	$720,000.00		
21												$200,000.00	$0.00		
22												$0.00	$872,000.00		
23												$0.00	$85,000.00		
24												$0.00	$3,670,000.00		
25												$200,000.00	$0.00		
26												$500,000.00	$0.00		
27	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,256,594**	**$6,187,461**		
28															
29															
30															
31															
32															
33															
34															

<<AUTODATE >> <<AUTODATE >>

MDHHS Operations

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
35															
36															
37															
38															`

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

DHHS (391) CODING FOR FLINT

	A	B	C	D	E	F	G	H	I	J	K
1	**Original $850k supplemental**										
2	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
3	84470	FLINT WATER SUPPLEMENTAL-EPI	14254	0100	8400				FLINTW	16	
4	84480	FLINT WATER SUPPLEMENTAL-FMCHS	14254	0100	8400				FLINTW	16	
5											
6											
7	**$15 Million Supplemental**										
8	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
9	35009	FLINT MC3 501(H)	88500	0100	3990				FLINTW	11	
10	39032	FLINT CMH CRISIS SUPPORT 501(H)	88500	0100	3990				FLINTW	12	
11	77201	PATHWAYS TO POTENTIAL EXPANSION	88500	0100	0891				FLINTW	09	
12	80011	FLINT WATER - FOOD INSPECTIONS	88500	0100	8015				FLINTW	01	
13	80013	FLINT WATER - WATER RESOURCES	88500	0100	8015				FLINTW	03	
14	80018	FLINT WATER - FOOD BANK	88500	0100	8015				FLINTW	08	
15	80099	FLINT WATER - POPULATION HEALTH MISC.	88500	0100	8015				FLINTW	99	
16	84003	FLINT WATER - NURSE CASE MANAGMENT	88500	0300	8400	252208	16	1231	FLINTW	07	
17	84005	FLINT WATER - NURSE CASE MANAGEMENT	88500	0201	8400			0000	FLINTW	07	
18	84007	FLINT WATER - NURSE FAMILY PARTNERSHIP	88500	0100	8400				FLINTW	07	
19	84008	FLINT WATER - GCHD-EDUCATIONAL EFFORTS	88500	0300	8400	252208	16	1231	FLINTW	08	
20	84009	FLINT WATER - CH/ADOL HEALTH CENTERS	88500	0100	8400				FLINTW	09	
21	84019	FLINT WATER - CHAP	88500	0100	8400				FLINTW	09	
22	84086	WIC ADMIN-BREAST FEEDING-FLINT	14295	0300	8400	050035	16	8046	FLINTW	55	
23	84460	WIC NUTRION FLINT	88500	0100	8400				FLINTW	10	
24	84461	WIC NUTRITION FLINT	88500	0201	8400				FLINTW	10	
25	85400	OTHER MED. AND BEHAV. HEALTH CONCERNS	88500	0100	8003				FLINTW	02	
26	85401	LEAD ABATEMENT - FIELD CONSULTANT	88500	0201	8003				FLINTW	05	
27	85403	ADDITIONAL LEAD INVESTIGATIONS	88500	0201	8003				FLINTW	06	
28	85407	EPIDEMIOLOGIST ANALYSIS OF EBL REPORTS	88500	0300	8003	252208	16	1231	FLINTW	04	
29											
30											
31	**Travel**										
32	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
33	00218	COMMUNICATIONS - FLINT TRAVEL	01191	0100	0110				FLINTW	77	
34	00219	EXECUTIVE - FLINT TRAVEL	01191	0100	0110				FLINTW	77	
35	00220	OPERATIONS - FLINT TRAVEL	01191	0100	0110				FLINTW	77	
36	10010	BHDDA- FLINT - TRAVEL	01130	0100	2000				FLINTW	77	
37	77204	LEGAL - FLINT TRAVEL	18430	0100	0810				FLINTW	77	
38	77205	POLICY - FLINT TRAVEL	18430	0100	0810				FLINTW	77	
39	97180								FLINTW	77	
40	97280	BIC-FLINT TRAVEL - 50% FFP	34010	903		253001	16		FLINTW	77	

DHHS (391) CODING FOR FLINT

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**FY15 Work Project**												
2	**AGY**	**AY**	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
3	431	15	32100	32640/0311 WTR FLTR VUCHRS DHS CLIENTS	32640	0901	0311			7408	FLINTW	40	
4													
5	**$1 Million Supplemental PA 143 of 2013**												
6	**AGY**	**AY**	**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
7	431	16	32099	32640/0310 CITY OF FLINT WATER FILTERS	32640	3200	0310			7408	FLINTW	41	
8													
9	**Travel**												
10	**AGY**		**PCA**	**PCA Desc**	**Appn**	**Fund**	**Pgm**	**Grant**	**Ph**	**ACd1**	**Proj**	**Ph**	**RTI**
11				FIELD OPS - FLINT TRAVEL							FLINTW	77	
12				CHILDRENS SERV - FLINT TRAVEL							FLINTW	77	
13				FINANCIAL OPS - FLINT TRAVEL							FLINTW	77	
14											FLINTW	77	
15											FLINTW	77	
16											FLINTW	77	
17											FLINTW	77	
18											FLINTW	77	

DHHS (391) CODING FOR FLINT

	N
1	
2	**Mpcode**
3	FNT-WTR
4	
5	
6	**Mpcode**
7	FNT-WTR
8	
9	
10	**Mpcode**
11	FNT-WTR
12	
13	
14	
15	
16	
17	
18	

Cell: A11
Comment: Stigall, Jill (DHS):
Hoping to establish next week now that accounting has project and MPCode established.

	A	B	C
1			**Michigan Department of Health and Human Services**
2			**Public Act 3 of 2016**
3			**FY16 Flint Supplemental #2 (January 2016)**
4			
5			**Appropriation**
6			
7	**1**	**FLNT16-01**	**Food Inspections**
8			
9			
10			
11			
12	**2**	**FLNT16-02**	**Medical Team**
13			
14	`		
15	**3**	**FLNT16-03**	**Water Resources**
16			
17			
18	**4**	**FLNT16-04**	**Cost for epidemiologists to conduct detailed analysis of EBL reports**
19			
20			
21			
22			
23	**5**	**FLNT16-05**	**Lead abatement - Field Contractual**
24			
25			
26			
27			
28	**6**	**FLNT16-06**	**Additional lead investigations**

	D	E	F
1			
2			
3			
4			
5		**GF**	**State Restricted**
6			
7		**$ 200,000**	
8	- These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.).		
9	- These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager.		
10	- The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring.		
11			
12		**$ 275,000**	
13	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.		
14			
15		**$ 4,612,800**	
16	-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.		
17			
18		**$ -**	**$ -**
19	- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.		
20	- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.		
21	- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with heatlh department.		
22			
23			**$ 1,510,000**
24	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.		
25	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing		
26	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.		
27			
28			**$ 90,000**

	G	H	I
1			
2			
3			
4			
5	**Federal**	**Gross**	**Detailed Description**
6			
7		**$ 200,000**	
8			
9			
10			
11			
12		**$ 275,000**	
13			
14			
15		**$ 4,612,800**	
16			
17			
18	**$ 145,000**	**$ 145,000**	
19			
20			
21			
22			
23		**$ 1,510,000**	
24			
25			
26			
27			
28		**$ 90,000**	

	A	B	C
29			- ETC
30			
31	7	FLNT16-07	Nurse Case Mgt and NFP
32			-Nurse Family Partnership $500,000
33			-One FTE / contract nurse case manager $70,000
34			
35			
36			
37	8	FLNT16-08	GCHD and Food Bank
38			- GCHD Contract $120,000
39			-Food bank - $1,037,200
40			
41			
42	9	FLNT16-09	Ed & Access- CAHC, PtoP, CHAP
43			- CAHCs $550,000
44			- P to P expansion $720,000 & 6.0 FTEs
45			- CHAP $200,000
46			
47			
48			
49	10	FLNT16-10	Nutrition -- WIC
50			- Co-locate WIC staff $872,000
51			- Lactation consultant $ 85,000
52			
53			
54			
55	11	FLNT16-11	Behavioral Health and MC3
56			- Money to CMHs $3,670,000
57			- MC3 expansion $200,000 GF

<<AUTODATE >> at <<AUTODATE >>

	D	E	F
29	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.		
30			
31		**$ 500,000**	**$ 25,000**
32	-Funds support the increased testing and follow up necessary with the new homes being investigated.		
33	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.		
34	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.		
35	- Dedicates additional resources to enhance the nurse-family partnership initiatives in Genesee County.		
36			
37		**$ 1,037,200**	
38	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.		
39	- $1 million to expand food bank partnerships in the City of Flint		
40	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.		
41			
42		**$ 1,570,000**	
43	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.		
44	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.		
45	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.		
46	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.		
47			
48			
49		**$ 30,000**	**$ 927,000**
50	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.		
51	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.		
52	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.		
53	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.		
54			
55		**$ 1,335,000**	
56	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.		
57	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.		

	G	H	I
29			
30			
31	**$ 45,000**	**$ 570,000**	
32			
33			
34			
35			
36			
37	**$ 120,000**	**$ 1,157,200**	
38			
39			
40			
41			
42		**$ 1,570,000**	
43			
44			
45			
46			
47			
48			
49		**$ 957,000**	
50			
51			
52			
53			
54			
55	**$ 2,535,000**	**$ 3,870,000**	
56			
57			

<<AUTODATE >> at <<AUTODATE >>

	A	B	C
58			
59			
60			
61	**12**	**FLNT16-12**	**CMH Crisis Counseling**
62			
63			
64			
65	**Total FY16 Supplemental Funding Request**		

<<AUTODATE >> at <<AUTODATE >>

	D	E	F
58	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.		
59	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.		
60			
61		**$ 500,000**	
62	- Crisis support and counseling through Community Mental Health organizations.		
63	- Funds will support care coordination and enhanced treatment plans to those in the community.		
64			
65		**$ 10,060,000**	**$ 2,552,000**

	G	H	I
58			
59			
60			
61		$ 500,000	
62			
63			
64			
65	$ 2,845,000	$ 15,457,000	

<<AUTODATE >> at <<AUTODATE >>

Cell: E55
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 Supplemental Request**	
3		**January 18, 2016**	
4		**FINAL FY16 SUPPLEMENTAL ESTIMATES TO BE RELEASED WEEK OF 1/17/16**	
5		**Appropriation**	**Contractual FTEs**
6	**1**	**Cost for epidemiologists**	2
7	**2**	**Cost to abate lead homes in Flint**	3.5
8	**3**	**Additional lead investigations**	0
9	**4**	**Increase nurse case management**	1
10	**5**	**Increase community education**	2

	D	E	F	G
1				
2				
3				
4				
5	**GF**	**State Restricted**	**Federal**	**Gross**
6	$ -	$ -	$ 145,000	$ 145,000
7		$ 1,510,000		$ 1,510,000
8		$ 90,000		$ 90,000
9		$ 25,000	$ 45,000	$ 70,000
10			$ 120,000	$ 120,000

	H	I
1		
2		
3		
4		
5	**Detailed Description**	
6	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	
7	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	
8	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	
9	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	
10	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	

	A	B	C
11	6	**Water Resources**	
12	7	**Food Inspections**	
13	8	**Education and Access -- Secondary Prevention**	
14	9	**Nutrition -- Secondary Prevention and Education**	
15	10	**Behavioral Health - Treatment**	
16	11	**Community Mental Health**	

	D	E	F	G
11	$ 8,000,000			$ 8,000,000
12	$ 200,000			$ 200,000
13	$ 1,470,000			$ 1,470,000
14	$ 30,000	$ 927,000		$ 957,000
15	$ 1,335,000		$ 2,535,000	$ 3,870,000
16	$ 500,000			$ 500,000

	H	I
11	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	
12	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	
13	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	
14	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	
15	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**
16	Crisis support and counseling through Community Mental Health organizations.	

	A	B	C
17	12	**Other Medical and Behavioral Health Concerns**	
18			
19			
20		**Total FY16 Supplemental Funding Request**	**8.5**
21			
22		**FY16 DHHS FUNDING ESTIMATE FOR SPRING SUPPLEMENTAL - ASSUME FUNDING APRIL 1, 2016 THROUGH SEPTEMBER 30, 2016**	
23	1	**Food Supply -- Tertiary Prevention**	
24	2	**Medical Health - Secondary Prevention**	
25	3	**Other Medical and Behavioral Health Concerns**	
26	4	**Additional Behavioral Health Treatment and Intervention**	
27			
28		**Total FY16 Spring Supplemental Funding Request**	**0**

	D	E	F	G
17	$ 275,000			$ 275,000
18				
19				
20	**$ 11,810,000**	**$ 2,552,000**	**$ 2,845,000**	**$ 17,207,000**
21				
22				
23	$ 430,000			$ 430,000
24	$ 260,000			$ 260,000
25	$ 500,000			$ 500,000
26	$ 1,500,000			$ 1,500,000
27				
28	**$ 2,690,000**	**$ -**	**$ -**	**$ 2,690,000**

	H	I
17	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	
18		
19		
20		
21		
22		
23	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	
24	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	
25	Additional funds to provide crisis counseling and other support services through Community Mental Health.	
26	Cognitive behavioral therapy for children who are exposed, about 10 hours per month per kid. Assume 100 kids for 6 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.	
27		
28		

Cell: D15
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health -** Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 Supplemental Request**	
3		**January 18, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FINAL FY16 SUPPLEMENTAL ESTIMATES TO BE RELEASED WEEK OF 1/17/16**	
7	**1**	**Cost for epidemiologists**	2
8	**2**	**Cost to abate lead homes in Flint**	3.5
9	**3**	**Additional lead investigations**	0
10	**4**	**Increase nurse case management**	1
11	**5**	**Increase community education**	2

	D	E	F	G
1				
2				
3				
4				
5	**GF**	**State Restricted**	**Federal**	**Gross**
6				
7	$ -	$ -	$ 145,000	$ 145,000
8		$ 1,510,000		$ 1,510,000
9		$ 90,000		$ 90,000
10		$ 25,000	$ 45,000	$ 70,000
11			$ 120,000	$ 120,000

	H	I
1		
2		
3		
4		
5	**Detailed Description**	
6		**Affected Line Items**
7	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	Epidemiology Administration
8	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	Healthy Homes Program
9	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	Healthy Homes Program
10	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	Childhood Lead Program
11	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	Essential Local Public Health Services

	A	B	C
12	6	**Water Resources**	
13	7	**Food Inspections**	
14	8	**Education and Access -- Secondary Prevention**	
15	9	**Nutrition -- Secondary Prevention and Education**	

	D	E	F	G
12	$ 8,000,000			$ 8,000,000
13	200000			$ 200,000
14	$ 1,470,000			$ 1,470,000
15	$ 30,000	$ 927,000		$ 957,000

	H	I
12	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
13	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	Essential Local Public Health Services
14	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need. CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues. They have a general practicitioner. Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
15	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant. Have two existing clinics (not necessarily at capacity).	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services

	J	K
12	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	
13		
14	Took off the $500K for LPH and replaced it with this,.	
15	\	

	A	B	C
16	10	**Behavioral Health - Treatment**	
17	11	**Community Mental Health**	
18	12	**Other Medical and Behavioral Health Concerns**	
19			
20		**Total FY16 Supplemental Funding Request**	**8.5**
21			
22		**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**	
23	10	**Food Supply -- Tertiary Prevention**	
24	11	**Medical Health - Secondary Prevention**	
25	13	**CMH TBD - ROBERTS/LYON/LG**	
26			
27			
28		**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**	
29	14	**Continuation of FY16 Supplemental**	8
30	15	**Cost for epidemiologists**	2

	D	E	F	G
16	$ 1,335,000		2535000	$ 3,870,000
17	$ 500,000			$ 500,000
18	$ 275,000			$ 275,000
19				
20	**$ 11,810,000**	**$ 2,552,000**	**$ 2,845,000**	**$ 17,207,000**
21				
22				
23	$ 573,333			$ 573,333
24	$ 346,667			$ 346,667
25			Placeholder	
26				
27				
28				
29	$ 850,000			$ 850,000
30			$ 220,000	$ 220,000

	H	I
16	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	Community Mental Health General Fund
17	Crisis support and counseling through Community Mental Health organizations.	
18	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
19		
20		0
21		
22		
23	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
24	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
25		
26		
27		
28		
29	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.	Epidemiology Administration
30	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.	Epidemiology Administration

	J	K
16		Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.
17		
18	Are we already doing this?	
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

	A	B	C
31	16	**Cost to abate lead homes in Flint**	4
32	17	**Additional lead investigations**	
33	18	**Increase nurse case management**	1
34	19	**Increase community education**	2
35	20	**Water Resources**	
36	21	**Food Inspections**	
37	22	**Education and Access -- Secondary Prevention**	
38	23	**Nutrition -- Secondary Prevention and Education**	

	D	E	F	G
31		$ 2,261,000		$ 2,261,000
32		$ 130,000		$ 130,000
33			$ 100,000	$ 100,000
34			$ 180,000	$ 180,000
35	$ 12,000,000			$ 12,000,000
36	$ 300,000			$ 300,000
37	$ 1,200,000			$ 1,200,000
38	$ 29,240		$ 1,405,760	$ 1,435,000

	H	I
31	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.	Healthy Homes Program
32	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)	Healthy Homes Program
33	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.	Childhood Lead Program
34	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.	Essential Local Public Health Services
35	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
36	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate	Essential Local Public Health Services
37	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
38	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services

	A	B	C
39	**24**	**Food Supply -- Tertiary Prevention**	
40	**25**	**Medical Health - Secondary Prevention**	
41	**26**	**Behavioral Health - Treatment**	
42	**27**	**Other Medical and Behavioral Health Concerns**	
43	**28**	**CMH TBD - ROBERTS/LYON/LG**	
44		**Total FY17 Funding Request**	**17**
45			
46			
47		Notes:	
48		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
49		(2) FY16 levels support work to take place in the City of Flint only.	
50		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	

	D	E	F	G
39	$ 860,000			$ 860,000
40	$ 520,000			$ 520,000
41	$ 1,995,200		$ 3,804,800	$ 5,800,000
42	$ 266,667			$ 266,667
43			Placeholder	
44	**$ 18,021,107**	**$ 2,391,000**	**$ 5,710,560**	**$ 26,122,667**
45				
46				
47				
48				
49				
50				

	H	I
39	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
40	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
41	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.	Community Mental Health General Fund
42	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
43		
44		0
45		
46		
47		
48		
49		
50		

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D16
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	A	B	C
1			**Michigan Department of Health and Human Services**
2			**Public Act 3 of 2016**
3			**FY16 Flint Supplemental #2 (January 2016)**
4			
5			**Appropriation**
6			
7	**1**	**FLNT16-01**	**Food Inspections**
8			
9			
10			
11			
12			
13			
14			
15	**2**	**FLNT16-02**	**Other Medical and Behavioral Health Concerns**
16			**- Med Team**
17	`		
18	**3**	**FLNT16-03**	**Water Resources**
19			
20			
21	**4**	**FLNT16-04**	**Cost for epidemiologists to conduct detailed analysis of EBL reports**
22			
23			
24			
25			
26			
27			

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	D	E	F
1			
2			
3			
4			
5	**Contractual FTEs**	**GF**	**State Restricted**
6			
7		$ 200,000	
8	- These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.).		
9	- These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager.		
10	- The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration.		
11	- The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring.		
12	- These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function.		
13	- These funds have not been increased in years.		
14			
15		$ 275,000	
16	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.		
17			
18		$ 4,612,800	
19	-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.		
20			
21	2	$ -	$ -
22	- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.		
23	- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.		
24	- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with heatlh department.		
25	- Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.		
26	- Epidemiologists will take data that shows where investigations have occurred, where purchases have been made, to determine whether the high risk areas have been addressed.		
27	- Overlay zip code data with those addresses that have received filters to determine how many homes are in the highest need have received filters and where we need to focus our energy in getting out filters.		

	G	H	I	J
1				
2				
3				
4				
5	**Federal**	**Gross**	**Detailed Description**	
6				**Affected Line Items**
7		$ 200,000		Essential Local Public Health Services
8				
9				
10				
11				
12				
13				
14				
15		$ 275,000		Special Projects
16				
17				
18		$ 4,612,800		State Emergency Relief
19				
20				
21	$ 145,000	$ 145,000		Epidemiology Administration
22				
23				
24				
25				
26				
27				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	K
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	Are we already doing this?
16	
17	
18	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole
19	
20	
21	
22	
23	
24	
25	
26	
27	

	A	B	C
28			
29			
30	**5**	**FLNT16-05**	**Lead abatement - Field Contractual**
31			
32			
33			
34			
35			
36			
37			
38	**6**	**FLNT16-06**	**Additional lead investigations**
39			**- ETC**
40			
41			
42			
43			
44	**7**	**FLNT16-07**	**Nurse Case Mgt and NFP**
45			**-Nurse Family Partnership $500,000**
46			**-One FTE / contract nurse case manager $70,000**
47			
48			
49			
50			
51			
52			
53	**8**	**FLNT16-08**	**GCHD and Food Bank**
54			**- GCHD Contract $120,000**
55			**-Food bank - $1,037,200**
56			
57			

	D	E	F
28	- Use available Maternal and Child Health Block Grant funding.		
29			
30	3.5		$ 1,510,000
31	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.		
32	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing		
33	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.		
34	-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.		
35	-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.		
36	-Use Healthy Michigan Fund available lapse funding		
37			
38	0		$ 90,000
39	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.		
40	-ETC determines all the environmental samples in the home including paint, soil and dust.		
41	-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.		
42	-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.		
43			
44	1	500000	$ 25,000
45	-Funds support the increased testing and follow up necessary with the new homes being investigated.		
46	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.		
47	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.		
48	- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.		
49	- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.		
50	- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.		
51	- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.		
52			
53	2	$ 1,037,200	
54	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.		
55	-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.		
56	- $1 million to expand food bank partnerships in the City of Flint		
57	- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.		

	G	H	I	J
28				
29				
30		$ 1,510,000		Healthy Homes Program
31				
32				
33				
34				
35				
36				
37				
38		$ 90,000		Healthy Homes Program
39				
40				
41				
42				
43				
44	$ 45,000	$ 570,000		Childhood Lead Program
45				
46				
47				
48				
49				
50				
51				
52				
53	$ 120,000	$ 1,157,200		Essential Local Public Health Services
54				
55				
56				
57				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
58			
59			
60			
61			
62	**9**	**FLNT16-09**	**Ed & Access- CAHC, PtoP, CHAP**
63			**- CAHCs $550,000**
64			**- P to P expansion $720,000 & 6.0 FTEs**
65			**- CHAP $200,000**
66			
67			
68			
69			
70			
71			
72	**10**	**FLNT16-10**	**Nutrition -- WIC**
73			**- Co-locate WIC staff $872,000**
74			**- Lactation consultant $ 85,000**
75			
76			
77			
78			
79			
80			
81	**11**	**FLNT16-11**	**Behavioral Health and MC3**
82			**- Money to CMHs $3,670,000**
83			**- MC3 expansion $200,000 GF**
84			
85			

	D	E	F
58	- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.		
59	- This educational component was not part of the previous supplemental.		
60	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.		
61			
62		$ 1,570,000	
63	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.		
64	- Programs will provide medical and other related support services in every school in Flint.		
65	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.		
66	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.		
67	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.		
68	- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.		
69	- They have a general practicitioner.		
70	- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently		
71			
72		$ 30,000	$ 927,000
73	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.		
74	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. ($55,000 Federal & $30,000 GF)		
75	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.		
76	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.		
77	- Research shows that children who are breastfed are healthier and have better immunity against diseases.		
78	- Assume Medicaid funding for the lactation consultant.		
79	- Have two existing clinics (not necessarily at capacity).		
80			
81		$ 1,335,000	
82	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. ($2,535,000 Federal & $1,135,000 GF)		
83	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.		
84	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.		
85	- MC3 is a new program that is only parts of the state and expansion is strongly supported.		

	G	H	I	J
58				
59				
60				
61				
62		$ 1,570,000		School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
63				
64				
65				
66				
67				
68				
69				
70				
71				
72		$ 957,000		Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
73				
74				
75				
76				
77				
78				
79				
80				
81	$ 2,535,000	$ 3,870,000		Community Mental Health General Fund
82				
83				
84				
85				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	K
58	
59	
60	
61	
62	Took off the $500K for LPH and replaced it with this,.
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	\
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	L
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.
82	
83	
84	
85	

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
86			
87			
88			
89			
90	**12**	**FLNT16-12**	**CMH Crisis Counseling**
91			
92			
93			
94			**Total FY16 Supplemental Funding Request**
95			
96			**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**
97	**1**		**Food Supply -- Tertiary Prevention**
98			
99			
100			
101			
102	**2**		**Medical Health - Secondary Prevention**
103			
104			
105			
106	**3**		**CMH TBD - ROBERTS/LYON/LG**
107			
108			
109			**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**
110	**4**		**Continuation of FY16 Supplemental**
111			
112			
113			
114			
115	**5**		**Cost for epidemiologists**

	D	E	F
86	- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).		
87	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.		
88	- Assume Medicaid funding.		
89			
90		$ 500,000	
91	- Crisis support and counseling through Community Mental Health organizations.		
92			
93			
94	**8.5**	**$ 10,060,000**	**$ 2,552,000**
95			
96			
97		$ 573,333	
98	-This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity.		
99	-The Mobile food bank will assist with access in hard to reach communities.		
100	-Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.		
101	-Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.		
102		$ 346,667	
103	-This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays.		
104	-Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives.		
105	-Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.		
106			
107			
108			
109			
110	8	$ 850,000	
111	- Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations.		
112	- GF or excess Healthy Michigan Funds could be used.		
113	- Counted as GF here because the original FY16 supplemental appropriated GF.		
114	- OTHER DETAIL		
115	2		

	G	H	I	J
86				
87				
88				
89				
90		$ 500,000		
91				
92				
93				
94	**$ 2,845,000**	**$ 15,457,000**		0
95				
96				
97		$ 573,333		Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
98				
99				
100				
101				
102		$ 346,667		Prenatal Care Outreach and Service Delivery Support
103				
104				
105				
106	Placeholder			
107				
108				
109				
110		$ 850,000		Epidemiology Administration
111				
112				
113				
114				
115	$ 220,000	$ 220,000		Epidemiology Administration

	A	B	C
116			
117			
118	**6**		**Cost to abate lead homes in Flint**
119			
120			
121			
122			
123			
124	**7**		**Additional lead investigations**
125			
126			
127			
128			
129			
130	**8**		**Increase nurse case management**
131			
132			
133			
134	**9**		**Increase community education**
135			
136			
137	**10**		**Water Resources**
138			
139			
140	**11**		**Food Inspections**
141			
142			
143			
144			
145			
146			

	D	E	F
116	- Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint.		
117	- Work conducted by the epidemiologists will be new functions not currently conducted.		
118	4		$ 2,261,000
119	- Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint.		
120	- Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000).		
121	- Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary.		
122	- Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.		
123	- OTHER DETAIL		
124			$ 130,000
125	- Funds support additional lead environmental investigations.		
126	- This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead.		
127	- This does not include funding for lead abatement.		
128	- This is done via contract with ETC Consulting. (No FTEs)		
129	- OTHER DETAIL		
130	1		
131	- Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated.		
132	- Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.		
133	- OTHER DETAIL		
134	2		
135	- Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.		
136	- OTHER DETAIL		
137		$ -	
138	- To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.		
139	- Estimate from SBO per MSP.		
140		$ -	
141	- These funds would be used to support MDARD's environmental health division's work to do long term follow up.		
142	- These funds will specifically go towards field inspection staff to conduct the field work at restaurants.		
143	- These will be limited term staff.		
144	- Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years.		
145	- The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.		
146	- Full year estimate		

	G	H	I	J
116				
117				
118		$ 2,261,000		Healthy Homes Program
119				
120				
121				
122				
123				
124		$ 130,000		Healthy Homes Program
125				
126				
127				
128				
129				
130	$ 100,000	$ 100,000		Childhood Lead Program
131				
132				
133				
134	$ 180,000	$ 180,000		Essential Local Public Health Services
135				
136				
137		$ -		State Emergency Relief
138				
139				
140		$ -		Essential Local Public Health Services
141				
142				
143				
144				
145				
146				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
147			
148	**12**		**Education and Access -- Secondary Prevention**
149			
150			
151			
152			
153			
154			
155	**13**		**Nutrition -- Secondary Prevention and Education**
156			
157			
158			
159			
160			
161			
162	**14**		**Food Supply -- Tertiary Prevention**
163			
164			
165			
166			
167			
168	**15**		**Medical Health - Secondary Prevention**
169			
170			
171			

	D	E	F
147	- OTHER DETAIL		
148		$ 1,200,000	
149	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.		
150	- Programs will provide medical and other related support services in every school in Flint.		
151	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.		
152	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.		
153	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.		
154	- OTHER DETAIL		
155		$ 29,240	
156	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.		
157	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.		
158	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.		
159	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.		
160	- Research shows that children who are breastfed are healthier and have better immunity against diseases.		
161	- Assume Medicaid funding for the lactation consultant.		
162		$ 860,000	
163	- This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity.		
164	- The Mobile food bank will assist with access in hard to reach communities.		
165	- Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.		
166	- Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.		
167	- OTHER DETAIL		
168		$ 520,000	
169	- This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays.		
170	- Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives.		
171	- Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.		

	G	H	I	J
147				
148		$ 1,200,000		School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
149				
150				
151				
152				
153				
154				
155	$ 1,405,760	$ 1,435,000		Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
156				
157				
158				
159				
160				
161				
162		$ 860,000		Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
163				
164				
165				
166				
167				
168		$ 520,000		Prenatal Care Outreach and Service Delivery Support
169				
170				
171				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
172	**16**		**Behavioral Health - Treatment**
173			
174			
175			
176			
177			
178			
179	**17**		**Other Medical and Behavioral Health Concerns**
180			
181			
182	**18**		**CMH TBD - ROBERTS/LYON/LG**
183			**Total FY17 Funding Request**
184			
185			
186			Notes:
187			(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.
188			(2) FY16 levels support work to take place in the City of Flint only.
189			(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.

	D	E	F
172		$ 1,995,200	
173	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.		
174	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.		
175	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.		
176	- MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).		
177	- Assume Medicaid funding.		
178	- OTHER DETAIL		
179		$ 266,667	
180	- These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.		
181	- OTHER DETAIL		
182			
183	**17**	**$ 5,721,107**	**$ 2,391,000**
184			
185			
186			
187			
188			
189			

	G	H	I	J
172	$ 3,804,800	$ 5,800,000	Assume Medicaid funding.	Community Mental Health General Fund
173				
174				
175				
176				
177				
178				
179		$ 266,667		Special Projects
180				
181				
182	Placeholder			
183	**$ 5,710,560**	**$ 13,822,667**		0
184				
185				
186				
187				
188				
189				

Cell: E81
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health** - Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		1,000,000
27						6,500
28	**Other Medical and Behavioral Health Concerns**					153.85
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		2,250
32						444
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Intensive home based and wrap around cost		
27	cost per year per kid		
28	For every million in wrap around you can serve 153 kids		
29			
30	targeted case management		
31	cost per year per kid		
32	For every million in wrap around you can serve 153 kids		
33			
34			

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 Supplemental Request**	
3		**January 18, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FINAL FY16 SUPPLEMENTAL ESTIMATES TO BE RELEASED WEEK OF 1/17/16**	
7	**1**	**Cost for epidemiologists**	2
8	**2**	**Cost to abate lead homes in Flint**	3.5
9	**3**	**Additional lead investigations**	0
10	**4**	**Increase nurse case management**	1
11	**5**	**Increase community education**	2

	D	E	F	G
1				
2				
3				
4				
5	**GF**	**State Restricted**	**Federal**	**Gross**
6				
7	$ -	$ -	$ 145,000	$ 145,000
8		$ 1,510,000		$ 1,510,000
9		$ 90,000		$ 90,000
10		$ 25,000	$ 45,000	$ 70,000
11			$ 120,000	$ 120,000

	H	I
1		
2		
3		
4		
5	**Detailed Description**	
6		**Affected Line Items**
7	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	Epidemiology Administration
8	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	Healthy Homes Program
9	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	Healthy Homes Program
10	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	Childhood Lead Program
11	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	Essential Local Public Health Services

	A	B	C
12	6	**Water Resources**	
13	7	**Food Inspections**	
14	8	**Education and Access -- Secondary Prevention**	
15	9	**Nutrition -- Secondary Prevention and Education**	

	D	E	F	G
12	$ 8,000,000			$ 8,000,000
13	200000			$ 200,000
14	$ 1,470,000			$ 1,470,000
15	$ 30,000	$ 927,000		$ 957,000

	H	I
12	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
13	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	Essential Local Public Health Services
14	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need. CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues. They have a general practicitioner. Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
15	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant. Have two existing clinics (not necessarily at capacity).	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services

	J	K
12	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	
13		
14	Took off the $500K for LPH and replaced it with this,.	
15	\	

	A	B	C
16	10	**Behavioral Health - Treatment**	
17	11	**Community Mental Health**	
18	12	**Other Medical and Behavioral Health Concerns**	
19			
20		**Total FY16 Supplemental Funding Request**	**8.5**
21			
22		**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**	
23	10	**Food Supply -- Tertiary Prevention**	
24	11	**Medical Health - Secondary Prevention**	
25	13	**CMH TBD - ROBERTS/LYON/LG**	
26			
27			
28		**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**	
29	14	**Continuation of FY16 Supplemental**	8
30	15	**Cost for epidemiologists**	2

	D	E	F	G
16	$ 1,335,000		2535000	$ 3,870,000
17	$ 500,000			$ 500,000
18	$ 275,000			$ 275,000
19				
20	**$ 11,810,000**	**$ 2,552,000**	**$ 2,845,000**	**$ 17,207,000**
21				
22				
23	$ 573,333			$ 573,333
24	$ 346,667			$ 346,667
25			Placeholder	
26				
27				
28				
29	$ 850,000			$ 850,000
30			$ 220,000	$ 220,000

	H	I
16	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	Community Mental Health General Fund
17	Crisis support and counseling through Community Mental Health organizations.	
18	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
19		
20		0
21		
22		
23	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
24	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
25		
26		
27		
28		
29	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.	Epidemiology Administration
30	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.	Epidemiology Administration

	J	K
16		Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.
17		
18	Are we already doing this?	
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

	A	B	C
31	16	**Cost to abate lead homes in Flint**	4
32	17	**Additional lead investigations**	
33	18	**Increase nurse case management**	1
34	19	**Increase community education**	2
35	20	**Water Resources**	
36	21	**Food Inspections**	
37	22	**Education and Access -- Secondary Prevention**	
38	23	**Nutrition -- Secondary Prevention and Education**	

	D	E	F	G
31		$ 2,261,000		$ 2,261,000
32		$ 130,000		$ 130,000
33			$ 100,000	$ 100,000
34			$ 180,000	$ 180,000
35	$ 12,000,000			$ 12,000,000
36	$ 300,000			$ 300,000
37	$ 1,200,000			$ 1,200,000
38	$ 29,240		$ 1,405,760	$ 1,435,000

	H	I
31	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.	Healthy Homes Program
32	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)	Healthy Homes Program
33	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.	Childhood Lead Program
34	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.	Essential Local Public Health Services
35	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
36	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate	Essential Local Public Health Services
37	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
38	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services

	A	B	C
39	**24**	**Food Supply -- Tertiary Prevention**	
40	**25**	**Medical Health - Secondary Prevention**	
41	**26**	**Behavioral Health - Treatment**	
42	**27**	**Other Medical and Behavioral Health Concerns**	
43	**28**	**CMH TBD - ROBERTS/LYON/LG**	
44		**Total FY17 Funding Request**	**17**
45			
46			
47		Notes:	
48		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
49		(2) FY16 levels support work to take place in the City of Flint only.	
50		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	

	D	E	F	G
39	$ 860,000			$ 860,000
40	$ 520,000			$ 520,000
41	$ 1,995,200		$ 3,804,800	$ 5,800,000
42	$ 266,667			$ 266,667
43			Placeholder	
44	**$ 18,021,107**	**$ 2,391,000**	**$ 5,710,560**	**$ 26,122,667**
45				
46				
47				
48				
49				
50				

	H	I
39	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
40	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
41	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.	Community Mental Health General Fund
42	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
43		
44		0
45		
46		
47		
48		
49		
50		

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D16
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	A	B
1		**Michigan Department of Health and Human Services**
2		**FY16 Supplemental Request**
3		**January 18, 2016**
4		
5		**Appropriation**
6		**FINAL FY16 SUPPLEMENTAL ESTIMATES TO BE RELEASED WEEK OF 1/17/16**
7	**1**	**Food Inspections**
8		
9		
10		
11		
12		
13		
14		
15	**2**	**Other Medical and Behavioral Health Concerns**
16		**- Med Team**
17	`	
18	**3**	**Water Resources**
19		
20		
21	**4**	**Cost for epidemiologists to conduct detailed analysis of EBL reports**
22		
23		
24		
25		
26		
27		

	C	D	E
1			
2			
3			
4			
5	**Contractual FTEs**	**GF**	**State Restricted**
6			
7		$ 200,000	
8	- These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.).		
9	- These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager.		
10	- The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration.		
11	- The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring.		
12	- These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function.		
13	- These funds have not been increased in years.		
14			
15		$ 275,000	
16	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.		
17			
18		$ 8,000,000	
19	-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.		
20			
21	2	$ -	$ -
22	- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.		
23	- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.		
24	- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with heatlh department.		
25	- Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.		
26	- Epidemiologists will take data that shows where investigations have occurred, where purchases have been made, to determine whether the high risk areas have been addressed.		
27	- Overlay zip code data with those addresses that have received filters to determine how many homes are in the highest need have received filters and where we need to focus our energy in getting out filters.		

	F	G	H	I
1				
2				
3				
4				
5	**Federal**	**Gross**	**Detailed Description**	
6				**Affected Line Items**
7		$ 200,000		Essential Local Public Health Services
8				
9				
10				
11				
12				
13				
14				
15		$ 275,000		Special Projects
16				
17				
18		$ 8,000,000		State Emergency Relief
19				
20				
21	$ 145,000	$ 145,000		Epidemiology Administration
22				
23				
24				
25				
26				
27				

	J
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	Are we already doing this?
16	
17	
18	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole
19	
20	
21	
22	
23	
24	
25	
26	
27	

	A	B
28		
29		
30	**5**	**Cost to abate lead homes in Flint**
31		
32		
33		
34		
35		
36		
37		
38	**6**	**Additional lead investigations**
39		**- ETC**
40		
41		
42		
43		
44	**7**	**Increase nurse case management**
45		
46		
47		
48		
49		
50		
51		
52		
53		
54	**8**	**Increase community education**
55		**- GCHD Contract**
56		
57		

	C	D	E
28	- Use available Maternal and Child Health Block Grant funding.		
29			
30	3.5		$ 1,510,000
31	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.		
32	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing		
33	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.		
34	-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.		
35	-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.		
36	-Use Healthy Michigan Fund available lapse funding		
37			
38	0		$ 90,000
39	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.		
40	-ETC determines all the environmental samples in the home including paint, soil and dust.		
41	-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.		
42	-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.		
43			
44	1		$ 25,000
45	-Funds support the increased testing and follow up necessary with the new homes being investigated.		
46	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.		
47	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.		
48	- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.		
49	- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.		
50	- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.		
51	- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.		
52	-Use Medicaid funding.		
53			
54	2		
55	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.		
56	-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.		
57	- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.		

	F	G	H	I
28				
29				
30		$ 1,510,000		Healthy Homes Program
31				
32				
33				
34				
35				
36				
37				
38		$ 90,000		Healthy Homes Program
39				
40				
41				
42				
43				
44	$ 45,000	$ 70,000		Childhood Lead Program
45				
46				
47				
48				
49				
50				
51				
52				
53				
54	$ 120,000	$ 120,000		Essential Local Public Health Services
55				
56				
57				

	A	B
58		
59		
60		
61		
62		
63	**9**	**Education and Access -- Secondary Prevention**
64		**- CAHCs**
65		**- P to P expansion**
66		
67		
68		
69		
70		
71		
72		
73	**10**	**Nutrition -- Secondary Prevention and Education**
74		**- Co-locate WIC staff**
75		**- Lactation consultant**
76		
77		
78		
79		
80		
81		
82	**11**	**Behavioral Health - Treatment**
83		**- Money to CMHs**
84		**- MC3 expansion**
85		
86		

	C	D	E
58	- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.		
59	- This educational component was not part of the previous supplemental.		
60	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.		
61	-Use Maternal and Child Health Block grant		
62			
63		$ 1,470,000	
64	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.		
65	- Programs will provide medical and other related support services in every school in Flint.		
66	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.		
67	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.		
68	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.		
69	- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.		
70	- They have a general practicitioner.		
71	- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently		
72			
73		$ 30,000	$ 927,000
74	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.		
75	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.		
76	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.		
77	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.		
78	- Research shows that children who are breastfed are healthier and have better immunity against diseases.		
79	- Assume Medicaid funding for the lactation consultant.		
80	- Have two existing clinics (not necessarily at capacity).		
81			
82		$ 1,335,000	
83	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.		
84	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.		
85	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.		
86	- MC3 is a new program that is only parts of the state and expansion is strongly supported.		

	F	G	H	I
58				
59				
60				
61				
62				
63		$ 1,470,000		School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
64				
65				
66				
67				
68				
69				
70				
71				
72				
73		$ 957,000		Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
74				
75				
76				
77				
78				
79				
80				
81				
82	$ 2,535,000	$ 3,870,000		Community Mental Health General Fund
83				
84				
85				
86				

	J
58	
59	
60	
61	
62	
63	Took off the $500K for LPH and replaced it with this,.
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	\
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	

	K
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.
83	
84	
85	
86	

	A	B
87		
88		
89		
90		
91	**12**	**Community Mental Health**
92		
93		
94		
95		**Total FY16 Supplemental Funding Request**
96		
97		**WILL NOT BE FUNDED IN THE FY16 SUPPLEMENTAL TO BE RELEASED WEEK OF 1/17/16**
98	**1**	**Food Supply -- Tertiary Prevention**
99		
100		
101		
102		
103	**2**	**Medical Health - Secondary Prevention**
104		
105		
106		
107	**3**	**CMH TBD - ROBERTS/LYON/LG**
108		
109		
110		**DRAFT - NOT FINAL - FY17 Supplemental Request - Assume full year**
111	**4**	**Continuation of FY16 Supplemental**
112		
113		
114		
115		
116	**5**	**Cost for epidemiologists**

	C	D	E
87	- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).		
88	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.		
89	- Assume Medicaid funding.		
90			
91		$ 500,000	
92	- Crisis support and counseling through Community Mental Health organizations.		
93			
94			
95	**8.5**	**$ 11,810,000**	**$ 2,552,000**
96			
97			
98		$ 573,333	
99	-This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity.		
100	-The Mobile food bank will assist with access in hard to reach communities.		
101	-Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.		
102	-Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.		
103		$ 346,667	
104	-This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays.		
105	-Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives.		
106	-Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.		
107			
108			
109			
110			
111	8	$ 850,000	
112	- Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations.		
113	- GF or excess Healthy Michigan Funds could be used.		
114	- Counted as GF here because the original FY16 supplemental appropriated GF.		
115	- OTHER DETAIL		
116	2		

	F	G	H	I
87				
88				
89				
90				
91		$ 500,000		
92				
93				
94				
95	**$ 2,845,000**	**$ 17,207,000**		0
96				
97				
98		$ 573,333		Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
99				
100				
101				
102				
103		$ 346,667		Prenatal Care Outreach and Service Delivery Support
104				
105				
106				
107	Placeholder			
108				
109				
110				
111		$ 850,000		Epidemiology Administration
112				
113				
114				
115				
116	$ 220,000	$ 220,000		Epidemiology Administration

	A	B
117		
118		
119	**6**	**Cost to abate lead homes in Flint**
120		
121		
122		
123		
124		
125	**7**	**Additional lead investigations**
126		
127		
128		
129		
130		
131	**8**	**Increase nurse case management**
132		
133		
134		
135	**9**	**Increase community education**
136		
137		
138	**10**	**Water Resources**
139		
140		
141	**11**	**Food Inspections**
142		
143		
144		
145		
146		
147		

	C	D	E
117	- Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint.		
118	- Work conducted by the epidemiologists will be new functions not currently conducted.		
119	4		$ 2,261,000
120	- Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint.		
121	- Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000).		
122	- Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary.		
123	- Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.		
124	- OTHER DETAIL		
125			$ 130,000
126	- Funds support additional lead environmental investigations.		
127	- This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead.		
128	- This does not include funding for lead abatement.		
129	- This is done via contract with ETC Consulting. (No FTEs)		
130	- OTHER DETAIL		
131	1		
132	- Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated.		
133	- Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.		
134	- OTHER DETAIL		
135	2		
136	- Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.		
137	- OTHER DETAIL		
138		$ -	
139	- To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.		
140	- Estimate from SBO per MSP.		
141		$ -	
142	- These funds would be used to support MDARD's environmental health division's work to do long term follow up.		
143	- These funds will specifically go towards field inspection staff to conduct the field work at restaurants.		
144	- These will be limited term staff.		
145	- Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years.		
146	- The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.		
147	- Full year estimate		

	F	G	H	I
117				
118				
119		$ 2,261,000		Healthy Homes Program
120				
121				
122				
123				
124				
125		$ 130,000		Healthy Homes Program
126				
127				
128				
129				
130				
131	$ 100,000	$ 100,000		Childhood Lead Program
132				
133				
134				
135	$ 180,000	$ 180,000		Essential Local Public Health Services
136				
137				
138		$ -		State Emergency Relief
139				
140				
141		$ -		Essential Local Public Health Services
142				
143				
144				
145				
146				
147				

	A	B
148		
149	**12**	**Education and Access -- Secondary Prevention**
150		
151		
152		
153		
154		
155		
156	**13**	**Nutrition -- Secondary Prevention and Education**
157		
158		
159		
160		
161		
162		
163	**14**	**Food Supply -- Tertiary Prevention**
164		
165		
166		
167		
168		
169	**15**	**Medical Health - Secondary Prevention**
170		
171		
172		

	C	D	E
148	- OTHER DETAIL		
149		$ 1,200,000	
150	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.		
151	- Programs will provide medical and other related support services in every school in Flint.		
152	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.		
153	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.		
154	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.		
155	- OTHER DETAIL		
156		$ 29,240	
157	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.		
158	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.		
159	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.		
160	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.		
161	- Research shows that children who are breastfed are healthier and have better immunity against diseases.		
162	- Assume Medicaid funding for the lactation consultant.		
163		$ 860,000	
164	- This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity.		
165	- The Mobile food bank will assist with access in hard to reach communities.		
166	- Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.		
167	- Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.		
168	- OTHER DETAIL		
169		$ 520,000	
170	- This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays.		
171	- Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives.		
172	- Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.		

	F	G	H	I
148				
149		$ 1,200,000		School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
150				
151				
152				
153				
154				
155				
156	$ 1,405,760	$ 1,435,000		Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
157				
158				
159				
160				
161				
162				
163		$ 860,000		Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
164				
165				
166				
167				
168				
169		$ 520,000		Prenatal Care Outreach and Service Delivery Support
170				
171				
172				

	A	B
173	**16**	**Behavioral Health - Treatment**
174		
175		
176		
177		
178		
179		
180	**17**	**Other Medical and Behavioral Health Concerns**
181		
182		
183	**18**	**CMH TBD - ROBERTS/LYON/LG**
184		**Total FY17 Funding Request**
185		
186		
187		Notes:
188		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.
189		(2) FY16 levels support work to take place in the City of Flint only.
190		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.

	C	D	E
173		$ 1,995,200	
174	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.		
175	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.		
176	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.		
177	- MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).		
178	- Assume Medicaid funding.		
179	- OTHER DETAIL		
180		$ 266,667	
181	- These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.		
182	- OTHER DETAIL		
183			
184	**17**	**$ 5,721,107**	**$ 2,391,000**
185			
186			
187			
188			
189			
190			

	F	G	H	I
173	$ 3,804,800	$ 5,800,000	Assume Medicaid funding.	Community Mental Health General Fund
174				
175				
176				
177				
178				
179				
180		$ 266,667		Special Projects
181				
182				
183	Placeholder			
184	**$ 5,710,560**	**$ 13,822,667**		0
185				
186				
187				
188				
189				
190				

Cell: G18
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D82
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health -** Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1			**Michigan Department of Health and Human Services**
2			**Flint-Related Supplementals**
3			**October 2015 | January 2016 | February 2016**
4			
5			**October 2015 - Public Act 143**
6			**Appropriation**
7	**1**		**Epidemiology Related Expenses**
8			
9			
10			
11			
12			
13			
14			
15			
16	**2**		**Nurse Case Managers**
17			
18			
19			
20	**3**		**Environmental Lead Investigations**
21			
22			
23			
24	**4**		**Water Resources**
25			
26			
27			
28			**Total Funding October 2015 - P.A. 143**
29			

	D	E
1		
2		
3		
4		
5		
6	**Contractual FTEs**	**GF**
7	**3**	**$ 150,000**
8	- These funds are being used to cover the expenses for supplies, travel, printing of educational materials for Flint school children, one toxicologist, one epidemiologist, and one health educator.	
9		Supplies
10		Travel
11	Printing of educational materials for Flint school children.	
12		Toxicologist
13		Epidemiologist
14		Health Educator
15		
16		**$ 425,000**
17	- These funds are being used to finance the cost of nurses to conduct case management of children who have elevated blood lead levels.	
18	- Home visits with the family are coordinated with the ETC to determine sources of lead in the home.	
19		
20		**$ 275,000**
21	- The state has contracted with ETC Inc. to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	
22	- Funding covers 275 homes at a cost of $1,000 per home.	
23		
24		**$ 1,137,055**
25	- Financed the cost of water filters, replacement cartridges, bottled water and other water related expenses.	
26	- Covered with $1 million in state restricted funds from DEQ and $1.1 million in work project carry forward funds from the State Emergency Relief (SER) program.	
27		
28		**$ 1,987,055**
29		

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	F	G	H	I
1				
2				
3				
4				
5				
6	**State Restricted**	**Federal**	**Gross**	**Spent As of 2/7/16**
7			**$ 150,000**	**$ 35,204**
8				
9	$ 8,024			
10	$ -			
11	$ 10,000			
12	$ 34,976			
13	$ 65,000			
14	$ 32,000			
15				
16			**$ 425,000**	**$ 141,664**
17				
18				
19				
20			**$ 275,000**	**$ 14,239**
21				
22				
23				
24	**$ 1,000,000**		**$ 2,137,055**	**$ 2,137,055**
25				
26				
27				
28	**$ 1,000,000**		**$ 2,987,055**	
29				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
105			**- Money to CMHs $3,670,000**
106			**- Michigan Child Care Collaborative MC3 $200,000 GF**
107			
108			
109			
110			
111			
112			
113	**16**	**FLNT16-12**	**CMH Crisis Counseling**
114			
115			
116			**Total Funding January 2016 - P.A. 3**
117			
118			**February 2016 - Proposed with FY17 Executive Budget**
119			
120			
121	**17**	**FLNT16-12**	**Mobile Food Bank**
122			
123			
124	**18**		**In home visiting programs**
125			
126			
127			
128	**19**		**Intensive home based services for children from CMH**
129			
130			**Total Funding February 2016 - Proposed with FY17 Executive Budget**
131			
132			
133			**Total All Flint Funding**

	D	E
105	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. ($2,535,000 Federal & $1,135,000 GF)	
106	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.	
107	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.	
108	- MC3 is a new program that is only parts of the state and expansion is strongly supported.	
109	- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).	
110	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.	
111	- Assume Medicaid funding.	
112		
113		$ 500,000
114	- Crisis support and counseling through Community Mental Health organizations.	
115		
116	$ 8.50	$ 10,060,000
117		
118		
119		
120		
121		$ 430,000
122		
123		
124		$ 260,000
125		
126		
127		
128		$ 1,500,000
129		
130	$ -	$ 2,190,000
131		
132		
133		$ 14,237,055

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	F	G	H	I
105				
106				
107				
108				
109				
110				
111				
112				
113			$ 500,000	$ 500,000
114				
115				
116	$ 2,552,000	$ 2,845,000	$ 15,457,000	
117				
118				
119				
120				
121			$ 430,000	
122				
123				
124			$ 260,000	
125				
126				
127				
128			$ 1,500,000	
129				
130	$ -	$ -	$ 2,190,000	
131				
132				
133	$ 3,552,000	$ 2,845,000	$ 20,634,055	

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	J
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	**0**
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
30		2016 PA 3 - January 2016	January 2016 - Public Act 3
31	5	FLNT16-01	Food Inspections
32			
33			
34			
35			
36			
37			
38	6	FLNT16-02	Other Medical and Behavioral Health Concerns - Assess Linkages
39			- Medical Team
40	`		
41	7	FLNT16-03	Water Resources
42			
43			
44	8	FLNT16-04	Epidemiology Related Expenses
45			
46			
47			
48			
49			
50			
51			
52			

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	D	E
30		
31		**$ 200,000**
32	- These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.).	
33	- These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager.	
34	- The additional inspector is needed to assist with the implementation of the new restaurant and food service facilities water sampling requirement which will require initial and compliance review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration.	
35	- The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring.	
36	- These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function.	
37		
38		**$ 275,000**
39	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionnaire's disease with the changeover from the Detroit to Flint water systems.	
40		
41		**$ 4,612,800**
42	-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.	
43		
44	**2**	**$ -**
45	- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.	
46	- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.	
47	- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with health department.	
48	- Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	
49	- Epidemiologists will take data that shows where investigations have occurred, where purchases have been made, to determine whether the high risk areas have been addressed.	
50	- Overlay zip code data with those addresses that have received filters to determine how many homes are in the highest need have received filters and where we need to focus our energy in getting out filters.	
51	- Use available Maternal and Child Health Block Grant funding.	
52		

	F	G	H	I
30				
31			$ 200,000	$ 200,000
32				
33				
34				
35				
36				
37				
38			$ 275,000	$ -
39				
40				
41			$ 4,612,800	$ 4,612,800
42				
43				
44	$ -	$ 145,000	$ 145,000	Included in item #3
45				
46				
47				
48				
49				
50				
51				
52				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	J
30	
31	Essential Local Public Health Services
32	
33	
34	
35	
36	
37	
38	Special Projects
39	
40	
41	State Emergency Relief
42	
43	
44	Epidemiology Administration
45	
46	
47	
48	
49	
50	
51	
52	

	K
30	
31	
32	
33	
34	
35	
36	
37	
38	**Are we already doing this?**
39	
40	
41	**1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole**
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	

	A	B	C
53	**9**	**FLNT16-05**	**Lead abatement - Field Contractual**
54			
55			
56			
57			
58			
59			
60			
61	**10**	**FLNT16-06**	**Additional Environmental Lead Investigations**
62			
63			
64			
65			
66			
67	**11**	**FLNT16-07**	**Nurse Case Manager and Nurse Family Partnership**
68			**-Nurse Family Partnership $500,000**
69			**-One FTE / contract nurse case manager $70,000**
70			
71			
72			
73			
74			
75			
76	**12**	**FLNT16-08**	**Mobile Food Bank and other food related resources**
77			**- GCHD Contract $120,000**

	D	E
53	**3.5**	
54	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.	
55	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing	
56	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.	
57	-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.	
58	-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.	
59	-Use Healthy Michigan Fund available lapse funding	
60		
61	**0**	
62	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.	
63	-ETC determines all the environmental samples in the home including paint, soil and dust.	
64	-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.	
65	-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.	
66		
67	**1**	**$ 500,000**
68	-Funds support the increased testing and follow up necessary with the new homes being investigated.	
69	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.	
70	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.	
71	- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	
72	- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.	
73	- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.	
74	- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.	
75		
76	**2**	**$ 1,037,200**
77	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.	

	F	G	H	I
53	$ 1,510,000		$ 1,510,000	$ -
54				
55				
56				
57				
58				
59				
60				
61	$ 90,000		$ 90,000	Included in item #1
62				
63				
64				
65				
66				
67	$ 25,000	$ 45,000	$ 570,000	$ 500,000
68				
69				
70				
71				
72				
73				
74				
75				
76		$ 120,000	$ 1,157,200	$ 100,000
77				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	J
53	Healthy Homes Program
54	
55	
56	
57	
58	
59	
60	
61	Healthy Homes Program
62	
63	
64	
65	
66	
67	Childhood Lead Program
68	
69	
70	
71	
72	
73	
74	
75	
76	Essential Local Public Health Services
77	

	A	B	C
78			-Food bank - $1,037,200
79			
80			
81			
82			
83			
84			
85	13	FLNT16-09	Education and Access
86			- Child & Adol Health Centers $550,000
87			- Pathways to Potential expansion $720,000 & 6.0 FTEs
88			- Child Health Care Access Program (CHAP) $200,000
89			
90			
91			
92			
93			
94			
95	14	FLNT16-10	Nutrition Services
96			- Co-locate WIC staff $872,000
97			- Lactation consultant $ 85,000
98			
99			
100			
101			
102			
103			
104	15	FLNT16-11	Behavioral Health services

	D	E
78	-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.	
79	- $1 million to expand food bank partnerships in the City of Flint	
80	- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.	
81	- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.	
82	- This educational component was not part of the previous supplemental.	
83	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.	
84		
85		**$ 1,570,000**
86	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.	
87	- Programs will provide medical and other related support services in every school in Flint.	
88	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.	
89	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.	
90	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	
91	- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.	
92	- They have a general practitioner.	
93	- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently	
94		
95		**$ 30,000**
96	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.	
97	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. ($55,000 Federal & $30,000 GF)	
98	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.	
99	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.	
100	- Research shows that children who are breastfed are healthier and have better immunity against diseases.	
101	- Assume Medicaid funding for the lactation consultant.	
102	- Have two existing clinics (not necessarily at capacity).	
103		
104		**$ 1,335,000**

	F	G	H	I
78				
79				
80				
81				
82				
83				
84				
85			$ 1,570,000	$ 200,000
86				
87				
88				
89				
90				
91				
92				
93				
94				
95	$ 927,000		$ 957,000	$ -
96				
97				
98				
99				
100				
101				
102				
103				
104		$ 2,535,000	$ 3,870,000	$ 200,000

	J
78	
79	
80	
81	
82	
83	
84	
85	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
96	
97	
98	
99	
100	
101	
102	
103	
104	Community Mental Health General Fund

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	K
78	
79	
80	
81	
82	
83	
84	
85	**Took off the $500K for LPH and replaced it with this,.**
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	
101	
102	
103	
104	

	L
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	
101	
102	
103	
104	**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

Cell: E104
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	A	B	C
1			**Michigan Department of Health and Human Services**
2			**Flint-Related Supplementals**
3			**October 2015 | January 2016 | February 2016**
4			
5			**October 2015 - Public Act 143**
6			**Appropriation**
7	**1**		**Epidemiology Related Expenses**
8			
9			
10			
11			
12			
13			
14			
15			
16	**2**		**Nurse Case Managers**
17			
18			
19			
20	**3**		**Environmental Lead Investigations**
21			
22			
23			
24	**4**		**Water Resources**
25			
26			
27			
28			**Total Funding October 2015 - P.A. 143**
29			

	D	E
1		
2		
3		
4		
5		
6	**Contractual FTEs**	**GF**
7	**3**	**$ 150,000**
8	- These funds are being used to cover the expenses for supplies, travel, printing of educational materials for Flint school children, one toxicologist, one epidemiologist, and one health educator.	
9		Supplies
10		Travel
11	Printing of educational materials for Flint school children.	
12		Toxicologist
13		Epidemiologist
14		Health Educator
15		
16		**$ 425,000**
17	- These funds are being used to finance the cost of nurses to conduct case management of children who have elevated blood lead levels.	
18	- Home visits with the family are coordinated with the ETC to determine sources of lead in the home.	
19		
20		**$ 275,000**
21	- The state has contracted with ETC Inc. to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	
22	- Funding covers 275 homes at a cost of $1,000 per home.	
23		
24		**$ 1,137,055**
25	- Financed the cost of water filters, replacement cartridges, bottled water and other water related expenses.	
26	- Covered with $1 million in state restricted funds from DEQ and $1.1 million in work project carry forward funds from the State Emergency Relief (SER) program.	
27		
28		**$ 1,987,055**
29		

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	F	G	H	I
1				
2				
3				
4				
5				
6	**State Restricted**	**Federal**	**Gross**	**Spent As of 2/7/16**
7			**$ 150,000**	**$ 35,204**
8				
9	$ 8,024			
10	$ -			
11	$ 10,000			
12	$ 34,976			
13	$ 65,000			
14	$ 32,000			
15				
16			**$ 425,000**	**$ 141,664**
17				
18				
19				
20			**$ 275,000**	**$ 275,000**
21				
22				
23				
24	**$ 1,000,000**		**$ 2,137,055**	**$ 2,137,055**
25				
26				
27				
28	**$ 1,000,000**		**$ 2,987,055**	
29				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
105			**- Money to CMHs $3,670,000**
106			**- Michigan Child Care Collaborative MC3 $200,000 GF**
107			
108			
109			
110			
111			
112			
113	**16**	**FLNT16-12**	**CMH Crisis Counseling**
114			
115			
116			**Total Funding January 2016 - P.A. 3**
117			
118			**February 2016 - Proposed with FY17 Executive Budget**
119			
120			
121	**17**	**FLNT16-12**	**Mobile Food Bank**
122			
123			
124	**18**		**In home visiting programs**
125			
126			
127			
128	**19**		**Intensive home based services for children from CMH**
129			
130			**Total Funding February 2016 - Proposed with FY17 Executive Budget**
131			
132			
133			**Effective October 1, 2016 - Proposed with FY17 Executive Budget**
134			
135			

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	D	E
105	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. ($2,535,000 Federal & $1,135,000 GF)	
106	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.	
107	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.	
108	- MC3 is a new program that is only parts of the state and expansion is strongly supported.	
109	- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).	
110	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.	
111	- Assume Medicaid funding.	
112		
113		**$ 500,000**
114	- Crisis support and counseling through Community Mental Health organizations.	
115		
116	**$ 8.50**	**$ 10,060,000**
117		
118		
119		
120		
121		**$ 430,000**
122		
123		
124		**$ 260,000**
125		
126		
127		
128		**$ 1,500,000**
129		
130	**$ -**	**$ 2,190,000**
131		
132		
133		
134		
135		

	F	G	H	I
105				
106				
107				
108				
109				
110				
111				
112				
113			$ 500,000	$ 500,000
114				
115				
116	$ 2,552,000	$ 2,845,000	$ 15,457,000	
117				
118				
119				
120				
121			$ 430,000	
122				
123				
124			$ 260,000	
125				
126				
127				
128			$ 1,500,000	
129				
130	$ -	$ -	$ 2,190,000	
131				
132				
133				
134				
135				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	J
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	**0**
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
136			
137	**20**	**FLNT16-12**	**Half year 2017 funding to support two contract epidemiologists**
138			
139			
140	**21**	**FLNT16-12**	**Half year 2017 funding to abate lead homes in Flint**
141			
142			
143			
144			
145	**22**	**FLNT16-12**	**Half year 2017 funding for additional lead environmental investigations**
146			
147			
148			
149	**23**	**FLNT16-12**	**Half year 2017 funding for nurse case managers**
150			
151			
152	**24**	**FLNT16-12**	**Half year 2017 funding of community education efforts**
153			
154			
155			
156	**25**	**FLNT16-12**	**Half year 2017 funding for Food Inspections**
157			
158			
159	**26**	**FLNT16-12**	**Half year 2017 funding for Child and Adolescent Health Centers, Pathways to Potential Expansion, and the Children's Health Care Access Program (CHAP)**
160			**- CAHCs $183,00**
161			**- P to P expansion $720,000 & 6.0 FTEs**
162			**- CHAP $200,000**
163			
164			
165	**27**	**FLNT16-12**	**Half year 2017 funding to support WIC staff and other health centers**
166			**- Co-locate WIC staff**
167			**- Lactation consultant $85,000**
168			
169			

	D	E
136		
137		**$ 174,700**
138		
139		
140		**$ 721,700**
141	-Costs finance an additional 75 homes in Flint.	
142	-Costs assume $15,000 per home.	
143		
144		
145		**$ 137,500**
146	-Funds cover additional lead environmental investigations through ETC, Inc.	
147	-Funding covers an additional 130 homes at $1,000 per home.	
148		
149		**$ 265,000**
150		
151		
152		**$ 99,000**
153	-Efforts are intended to be coordinated with the Genesee County Health Department	
154		
155		
156		**$ 150,000**
157	-Efforts are underway by the Michigan Department of Agriculture and Rural Development to inspect restaurants and other establishments.	
158		
159		**$ 949,500**
160	-Pathways to Potential financing - $40,000 TANF, $134,000 Title XIX, $132,000 SNAP, $294,000 GF	
161		
162		
163		
164		
165		**$ 689,800**
166	-Funding intended to support costs for staff within schools and other health centers to improve access and support community education on nutrition benefits.	
167	-Funds one lactation consultant at the Genesee County Health Department.	
168		
169		

	F	G	H	I
136				
137			$ 174,700	
138				
139				
140	$ 408,800		$ 1,130,500	
141				
142				
143				
144				
145	$ 65,000		$ 202,500	
146				
147				
148				
149			$ 265,000	
150				
151				
152			$ 99,000	
153				
154				
155				
156			$ 150,000	
157				
158				
159		$ 153,000	$ 1,102,500	
160				
161				
162				
163				
164				
165		$ 27,700	$ 717,500	
166				
167				
168				
169				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	A	B	C
170	**28**	**FLNT16-12**	**Half year 2017 Mobile Food Bank and additional food bank resources**
171			**- GCHD Contract**
172			**-Food bank -**
173			
174			
175	**29**	**FLNT16-12**	**Half year 2017 In home visiting programs**
176			
177			
178			
179			
180	**30**	**FLNT16-12**	**Additional funding for Behavioral health services**
181			
182			
183			
184			
185			
186	**31**	**FLNT16-12**	**Additional funding - Other Medical and Behavioral Health Concerns - Assess Linkages**
187			
188			
189			
190	**32**	**FLNT16-12**	**Emergency Nutrition Assistance Program**
191			
192			
193			
194			**Total Funding Effective October 1, 2017 - Proposed with FY17 Executive Budget**
195			
196			
197			**Total All Flint Funding**

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	D	E
170		$ 430,000
171	-Funds can be directed to services such as targeted crisis counseling and psychological first aid.	
172		
173		
174		
175		$ 260,000
176	-Resources will support the Parent to Teacher program	
177	-Parent to Teacher is an evidence based tool that promotes better parenting skills and supports the early detection of developmental delays.	
178		
179		
180		$ 5,010,700
181	-Supports intensive home based and targeted case management services for children.	
182	-Supports cognitive behavioral therapy costs which are expensive, at around $6,500 cost per child per year	
183	-Genesee County CMH will be directly paid for all Medicaid and GF financed services.	
184		
185		
186		$ 206,300
187	-Funds can be directed to services such as targeted crisis counseling and psychological first aid.	
188		
189		
190		
191	-Funds a multifaceted nutrition assistance initiative to target children in Flint.	
192	-Financed with federal TANF dollars. Approval has not been received by the federal government	
193		
194		$ 9,094,200
195		
196		
197		$ 23,331,255

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	F	G	H	I
170			$ 430,000	
171				
172				
173				
174				
175			$ 260,000	
176				
177				
178				
179				
180		$ 1,889,300	$ 6,900,000	
181				
182				
183				
184				
185				
186			$ 206,300	
187				
188				
189				
190		$ 3,500,000	$ 3,500,000	
191				
192				
193				
194	$ 473,800	$ 5,570,000	$ 15,138,000	
195				
196				
197	$ 4,025,800	$ 8,415,000	$ 35,772,055	

	J
170	
171	
172	
173	
174	
175	
176	
177	
178	
179	
180	
181	
182	
183	
184	
185	
186	
187	
188	
189	
190	
191	
192	
193	
194	**0**
195	
196	
197	

	K
170	
171	
172	
173	
174	
175	
176	
177	
178	
179	
180	1,000,000
181	6,500
182	153.85
183	
184	
185	
186	
187	
188	
189	
190	
191	
192	
193	
194	
195	
196	
197	

	L
170	
171	
172	
173	
174	
175	
176	
177	
178	
179	
180	Intensive home based and wrap around cost
181	cost per year per kid
182	For every million in wrap around you can serve 153 kids
183	
184	
185	
186	
187	
188	
189	
190	
191	
192	
193	
194	
195	
196	
197	

	A	B	C
30		2016 PA 3 - January 2016	January 2016 - Public Act 3
31	5	FLNT16-01	Food Inspections
32			
33			
34			
35			
36			
37			
38	6	FLNT16-02	Other Medical and Behavioral Health Concerns - Assess Linkages
39			- Medical Team
40	`		
41	7	FLNT16-03	Water Resources
42			
43			
44	8	FLNT16-04	Epidemiology Related Expenses
45			
46			
47			
48			
49			
50			
51			
52			

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	D	E
30		
31		**$ 200,000**
32	- These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.).	
33	- These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager.	
34	- The additional inspector is needed to assist with the implementation of the new restaurant and food service facilities water sampling requirement which will require initial and compliance review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration.	
35	- The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring.	
36	- These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function.	
37		
38		**$ 275,000**
39	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionnaire's disease with the changeover from the Detroit to Flint water systems.	
40		
41		**$ 4,612,800**
42	-To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles.	
43		
44	**2**	**$ -**
45	- Supports two contract epidemiologists (MPHI) to analyze blood levels in City of Flint to conduct more specific detailed analysis not currently conducted.	
46	- Positions support the review and analysis of the EBL reports for all 13 high risk communities to analyze specifically by zip code, at a more granular level as opposed to county level.	
47	- Positions support the analysis of patterns and trends to determine the appropriate next steps and will coordinate with health department.	
48	- Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	
49	- Epidemiologists will take data that shows where investigations have occurred, where purchases have been made, to determine whether the high risk areas have been addressed.	
50	- Overlay zip code data with those addresses that have received filters to determine how many homes are in the highest need have received filters and where we need to focus our energy in getting out filters.	
51	- Use available Maternal and Child Health Block Grant funding.	
52		

	F	G	H	I
30				
31			$ 200,000	$ -
32				
33				
34				
35				
36				
37				
38			$ 275,000	$ -
39				
40				
41			$ 4,612,800	$ 8,120,904
42				
43				
44	$ -	$ 145,000	$ 145,000	Included in item #1
45				
46				
47				
48				
49				
50				
51				
52				

	J
30	
31	Essential Local Public Health Services
32	
33	
34	
35	
36	
37	
38	Special Projects
39	
40	
41	State Emergency Relief
42	
43	
44	Epidemiology Administration
45	
46	
47	
48	
49	
50	
51	
52	

	K
30	
31	
32	
33	
34	
35	
36	
37	
38	**Are we already doing this?**
39	
40	
41	**1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole**
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	

	A	B	C
53	**9**	**FLNT16-05**	**Lead abatement - Field Contractual**
54			
55			
56			
57			
58			
59			
60			
61	**10**	**FLNT16-06**	**Additional Environmental Lead Investigations**
62			
63			
64			
65			
66			
67	**11**	**FLNT16-07**	**Nurse Case Manager and Nurse Family Partnership**
68			**-Nurse Family Partnership $500,000**
69			**-One FTE / contract nurse case manager $70,000**
70			
71			
72			
73			
74			
75			
76	**12**	**FLNT16-08**	**Mobile Food Bank and other food related resources**
77			**- GCHD Contract $120,000**

	D	E
53	**3.5**	
54	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.	
55	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing	
56	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.	
57	-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.	
58	-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.	
59	-Use Healthy Michigan Fund available lapse funding	
60		
61	**0**	
62	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.	
63	-ETC determines all the environmental samples in the home including paint, soil and dust.	
64	-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.	
65	-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.	
66		
67	**1**	**$ 500,000**
68	-Funds support the increased testing and follow up necessary with the new homes being investigated.	
69	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.	
70	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.	
71	- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	
72	- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.	
73	- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.	
74	- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.	
75		
76	**2**	**$ 1,037,200**
77	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.	

	F	G	H	I
53	$ 1,510,000		$ 1,510,000	$ -
54				
55				
56				
57				
58				
59				
60				
61	$ 90,000		$ 90,000	Included in item #3
62				
63				
64				
65				
66				
67	$ 25,000	$ 45,000	$ 570,000	$ 500,000
68				
69				
70				
71				
72				
73				
74				
75				
76		$ 120,000	$ 1,157,200	$ 100,000
77				

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	J
53	Healthy Homes Program
54	
55	
56	
57	
58	
59	
60	
61	Healthy Homes Program
62	
63	
64	
65	
66	
67	Childhood Lead Program
68	
69	
70	
71	
72	
73	
74	
75	
76	Essential Local Public Health Services
77	

	A	B	C
78			-Food bank - $1,037,200
79			
80			
81			
82			
83			
84			
85	13	FLNT16-09	Education and Access
86			- Child & Adol Health Centers $650,000
87			- Pathways to Potential expansion $720,000 & 6.0 FTEs
88			- Child Health Care Access Program (CHAP) $200,000
89			
90			
91			
92			
93			
94			
95	14	FLNT16-10	Nutrition Services
96			- Co-locate WIC staff $872,000
97			- Lactation consultant $ 85,000
98			
99			
100			
101			
102			
103			
104	15	FLNT16-11	Behavioral Health services

	D	E
78	-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.	
79	- $1 million to expand food bank partnerships in the City of Flint	
80	- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.	
81	- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.	
82	- This educational component was not part of the previous supplemental.	
83	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.	
84		
85		**$ 1,570,000**
86	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.	
87	- Programs will provide medical and other related support services in every school in Flint.	
88	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.	
89	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.	
90	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	
91	- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.	
92	- They have a general practitioner.	
93	- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently	
94		
95		**$ 30,000**
96	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.	
97	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. ($55,000 Federal & $30,000 GF)	
98	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.	
99	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.	
100	- Research shows that children who are breastfed are healthier and have better immunity against diseases.	
101	- Assume Medicaid funding for the lactation consultant.	
102	- Have two existing clinics (not necessarily at capacity).	
103		
104		**$ 1,335,000**

	F	G	H	I
78				
79				
80				
81				
82				
83				
84				
85			$ 1,570,000	$ 200,000
86				
87				
88				
89				
90				
91				
92				
93				
94				
95	$ 927,000		$ 957,000	$ -
96				
97				
98				
99				
100				
101				
102				
103				
104		$ 2,535,000	$ 3,870,000	$ 200,000

	J
78	
79	
80	
81	
82	
83	
84	
85	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
96	
97	
98	
99	
100	
101	
102	
103	
104	Community Mental Health General Fund

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

	K
78	
79	
80	
81	
82	
83	
84	
85	**Took off the $500K for LPH and replaced it with this,.**
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	
101	
102	
103	
104	

	L
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	
101	
102	
103	
104	**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**

<<AUTODATE >>
<<AUTODATE >>

<< AUTO PATH >>

Cell: E104
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	A	B	C	D
1	**DHHS - HB 5220 Supplemental for Flint water emergency (SENATE APPROPS - 1/27/16)**			
2		1	2	3
3		Food inspections at licensed food establishments	Assessment of potential linkages to Legionnaire's Disease; contractual staff	Purchases of bottled water, water filters, faucet mounts and replacement cartridges **(reduced by $2,887.2 GF from $8,000.0)**
4	**Department of Health and Human Services**			
5	APPROPRIATIONS SUMMARY:			
6	**GROSS APPROPRIATION**	**$200.0**	**$275.0**	**$5,112.8**
7	Federal revenues:			
8	Total other federal revenues	$0.0	$0.0	$0.0
9	Special revenue funds:			
10	Total other state restricted revenues	$0.0	$0.0	$0.0
11	**State general fund/general purpose**	**$200.0**	**$275.0**	**$5,112.8**
12	double check	$0.0	$0.0	$0.0
13				
14	Section 117. Local Health Administration and Grants			
15				
16	Flint declaration of emergency	$200.0	$275.0	$5,112.8
17				
18	**Gross Appropriation**	**$200.0**	**$275.0**	**$5,112.8**
19	Federal revenues:			
20	Total other federal revenues	$0.0	$0.0	$0.0
21	Total other state restricted revenues	$0.0	$0.0	$0.0
22	State general fund/general purpose	$200.0	$275.0	**$5,112.8**
23				
24	State restricted for items #5, 6, 7 and 10 = Healthy MI Funds			
25	Federal for items #4, 7 and 8 = MCH Block			
26	Federal for item #11 = Medicaid			
27				
28				

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	E	F	G	H	I	J	K	L	M	N
1										
2	4	5	6	7	8	9	10	11	12	
3	Epidemiologists to analyze blood levels	Lead abatement of homes, contractual staff and field consultants	Additional lead investigations	Nurse case management	Additional positions for community education at Genesee County Health Department **(added $1,037.2 GF for food banks)**	Support for child and adolescent health centers, Children's Healthcare Access Program, and medical support services in schools **(added $100.0 GF for private MI Child Collaborative Care program)**	Nutrition support by WIC staff; education and screening; lactation consultant at Genesee County Health Dept.	CMH Treatment of individuals with high lead blood levels; diagnostic testing, nurse visits, and environmental assessments	Crisis counseling through local community mental health	**Total - HB 5220 DHHS Flint Supplemental (as passed Senate Approps)**
4										
5										
6	**$145.0**	**$1,510.0**	**$90.0**	**$70.0**	**$1,157.2**	**$1,570.0**	**$957.0**	**$3,870.0**	**$500.0**	**$15,457.0**
7										
8	$145.0	$0.0	$0.0	$45.0	$120.0	$0.0	$0.0	$2,535.0	$0.0	$2,845.0
9										
10	$0.0	$1,510.0	$90.0	$25.0	$0.0	$0.0	$927.0	$0.0	$0.0	$2,552.0
11	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$1,037.2**	**$1,570.0**	**$30.0**	**$1,335.0**	**$500.0**	**$10,060.0**
12	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
13										
14										
15										
16	$145.0	$1,510.0	$90.0	$70.0	$1,157.2	$1,570.0	$957.0	$3,870.0	$500.0	**$15,457.0**
17										
18	**$145.0**	**$1,510.0**	**$90.0**	**$70.0**	**$1,157.2**	**$1,570.0**	**$957.0**	**$3,870.0**	**$500.0**	**$15,457.0**
19										
20	$145.0	$0.0	$0.0	$45.0	$120.0	$0.0	$0.0	$2,535.0	$0.0	**$2,845.0**
21	$0.0	$1,510.0	$90.0	$25.0	$0.0	$0.0	$927.0	$0.0	$0.0	**$2,552.0**
22	$0.0	$0.0	$0.0	$0.0	**$1,037.2**	**$1,570.0**	$30.0	$1,335.0	$500.0	**$10,060.0**
23										
24										
25						$1,750.0				
26						$100.0				
27						$1,037.2				
28						$2,887.2				

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	O
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	gross
19	
20	federal
21	SR
22	GF
23	
24	
25	
26	
27	
28	

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
JANUARY 25, 2016

	A	B	C	D
1	**Expenditure**	**Current Approved Funding**	**October**	**November**
2	**Epidemiology Related Expenses**			
3	Supplies	$8,024		
4	Travel	$0		
5	Printing of educational materials for Flint school children.	$10,000		
6	Toxicologist	$34,976		$345.51
7	Epidemiologist	$65,000		$2,892.79
8	Health Educator	$32,000		$1,540.99
9	**Subtotal Epidemiology Related Expenses**	**$150,000**	**$0.00**	**$4,779.29**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$275,000	$275,000.00	
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$425,000		$70,832.00
12	Water Resources	$2,137,055		
13				
14	**Total Flint Water Project**	**$2,987,055**	**$275,000.00**	**$75,611.29**
15				
16	Notes:			
17	The approved funding includes supplemental appropriations included in 2015 PA 143. An additional supplemental appropriation of $17,207,000 has been requested by the State Budget Office, but has not yet been passed by the Legislature as of 1/25/16.			
18	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143 and work project funding of $1,137,055.			
19	ETC Training Services Group is an Encumbrance			
20	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.			
21				
22				
23				
24				
25				

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
JANUARY 25, 2016

	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 1-25-16**	**Balance of Funds Available**		
2														
3											$0.00	$8,024.00		
4	$8.50										$8.50	($8.50)		
5											$0.00	$10,000.00		
6	$5,286.34	$4,471.76									$10,103.61	$24,872.39		
7	$9,497.38	$8,220.72									$20,610.89	$44,389.11		
8		$2,940.45									$4,481.44	$27,518.56		
9	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,204.44**	**$114,795.56**		
10											$275,000.00	$0.00		
11	$35,416.00	$35,416.00									$141,664.00	$283,336.00		
12											$10,257,959.48	($8,120,904.48)		
13														
14	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$10,709,828**	**($7,722,772.92)**		
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 and FY17 Supplemental Request**	
3		**January 15, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6	**1**	**Cost for epidemiologists**	2
7	**2**	**Cost to abate lead homes in Flint**	3.5
8	**3**	**Additional lead investigations**	0
9	**4**	**Increase nurse case management**	1
10	**5**	**Increase community education**	2

	D	E	F	G
1				
2				
3				
4				
5	**GF**	**State Restricted**	**Federal**	**Gross**
6	$ -	$ -	$ 145,000	$ 145,000
7		$ 1,510,000		$ 1,510,000
8		$ 90,000		$ 90,000
9		$ 25,000	$ 45,000	$ 70,000
10			$ 120,000	$ 120,000

	H	I
1		
2		
3		
4		
5	**Detailed Description**	
6	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	Epidemiology Administration
7	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	Healthy Homes Program
8	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	Healthy Homes Program
9	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	Childhood Lead Program
10	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	Essential Local Public Health Services

	A	B	C
11	6	**Water Resources**	
12	7	**Food Inspections**	
13	8	**Education and Access -- Secondary Prevention**	
14	9	**Nutrition -- Secondary Prevention and Education**	
15	2	**Behavioral Health - Treatment**	
16		**Community Mental Health**	

	D	E	F	G
11	$ 8,000,000			$ 8,000,000
12	$ 200,000			$ 200,000
13	$ 1,470,000			$ 1,470,000
14	$ 30,000	$ 927,000		$ 957,000
15	$ 1,335,000		$ 2,535,000	$ 3,870,000
16	$ 500,000			$ 500,000

	H	I
11	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
12	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	Essential Local Public Health Services
13	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
14	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
15	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	Community Mental Health General Fund
16	Crisis support and counseling through Community Mental Health organizations.	

	J	K
11	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	
12		
13	Took off the $500K for LPH and replaced it with this,.	
14	\	
15		**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**
16		

	A	B	C
17	3	Other Medical and Behavioral Health Concerns	
18			
19			
20		Total FY16 Supplemental Funding Request	8.5
21			
22		FY16 DHHS FUNDING ESTIMATE FOR SPRING SUPPLEMENTAL - ASSUME FUNDING APRIL 1, 2016 THROUGH SEPTEMBER 30, 2016	
23	1	Food Supply -- Tertiary Prevention	
24	2	Medical Health - Secondary Prevention	
25	3	Other Medical and Behavioral Health Concerns	
26	4	Additional Behavioral Health Treatment and Intervention	
27			
28		Total FY16 Spring Supplemental Funding Request	0
29			
30		DRAFT - FY17 Supplemental Request - Assume full year	
31	4	Continuation of FY16 Supplemental	8
32	5	Cost for epidemiologists	2
33	6	Cost to abate lead homes in Flint	4

	D	E	F	G
17	$ 275,000			$ 275,000
18				
19				
20	**$ 11,810,000**	**$ 2,552,000**	**$ 2,845,000**	**$ 17,207,000**
21				
22				
23	$ 430,000			$ 430,000
24	$ 260,000			$ 260,000
25	$ 500,000			$ 500,000
26	$ 1,500,000			$ 1,500,000
27				
28	**$ 2,690,000**	**$ -**	**$ -**	**$ 2,690,000**
29				
30				
31	$ 850,000			$ 850,000
32			$ 220,000	$ 220,000
33		$ 2,261,000		$ 2,261,000

	H	I
17	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
18		
19		
20		0
21		
22		
23	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
24	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
25	Additional funds to provide crisis counseling and other support services through Community Mental Health.	
26	Cognitive behavioral therapy for children who are exposed, about 10 hours per month per kid. Assume 100 kids for 6 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.	600,000.00
27		
28		
29		
30		
31	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.	Epidemiology Administration
32	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.	Epidemiology Administration
33	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.	Healthy Homes Program

	J	K
17	Are we already doing this?	
18		
19		
20		
21		
22		
23		
24		
25		
26	$1000 per treatment times 100 kids times 6 months	
27		
28		
29		
30		
31		
32		
33		

	A	B	C
34	7	**Additional lead investigations**	
35	8	**Increase nurse case management**	1
36	9	**Increase community education**	2
37	10	**Water Resources**	
38	11	**Food Inspections**	
39	12	**Education and Access -- Secondary Prevention**	
40	13	**Nutrition -- Secondary Prevention and Education**	
41	14	**Food Supply -- Tertiary Prevention**	

	D	E	F	G
34		$ 130,000		$ 130,000
35			$ 100,000	$ 100,000
36			$ 180,000	$ 180,000
37	$ 300,000			$ 300,000
38	$ 2,205,000			$ 2,205,000
39	$ 1,200,000			$ 1,200,000
40	$ 29,240		$ 1,405,760	$ 1,435,000
41	$ 860,000			$ 860,000

	H	I
34	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)	Healthy Homes Program
35	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.	Childhood Lead Program
36	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.	Essential Local Public Health Services
37	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
38	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate	Essential Local Public Health Services
39	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
40	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
41	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"

	A	B	C
42	**15**	**Medical Health - Secondary Prevention**	
43	**16**	**Behavioral Health - Treatment**	
44	**17**	**Other Medical and Behavioral Health Concerns**	
45	**18**	**CMH TBD - ROBERTS/LYON/LG**	
46		**Total FY17 Funding Request**	**17**
47			
48			
49		Notes:	
50		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
51		(2) FY16 levels support work to take place in the City of Flint only.	
52		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	

	D	E	F	G
42	$ 520,000			$ 520,000
43	$ 1,995,200		$ 3,804,800	$ 5,800,000
44	$ 266,667			$ 266,667
45			Placeholder	
46	**$ 8,226,107**	**$ 2,391,000**	**$ 5,710,560**	**$ 16,327,667**
47				
48				
49				
50				
51				
52				

	H	I
42	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
43	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.	Community Mental Health General Fund
44	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
45		
46		0
47		
48		
49		
50		
51		
52		

Cell: G11
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D15
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health -** Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 and FY17 Supplemental Request**	
3		**January 14, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FY16 Supplemental Request - Assume funding recommended from February 1 - September 30, 2016**	
7			
8	**1**	Cost for epidemiologists	2
9	**2**	Cost to abate lead homes in Flint	3.5
10	**3**	Additional lead investigations	0
11	**4**	Increase nurse case management	1

	D	E	F	G	H
1					
2					
3					
4					
5				**Amount**	**Detailed Description**
6					
7	**GF**	**State Restricted**	**Federal**	**Gross**	
8	$ -	$ -	$ 115,000	$ 115,000	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
9		$ 1,687,500		$ 1,687,500	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing (total $187,500). Funds for the service include the cost to abate 100 homes @ $15,000 each ($1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.
10		$ 100,000		$ 100,000	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.
11			$ 75,000	$ 75,000	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.

	A	B	C
12	**5**	Increase community education	2
13	**6**	Water Filters, Mounts, Replacement Cartridges and Bottles	0
14	**7**	Food Inspections	
15	**8**	WIC outreach and transportation	1
16			
17		**Total Original FY16 Funding Request**	**9.5**
18			
19		**FY17 Supplemental Request - Assume full year**	
20	**9**	Continuation of FY16 Supplemental	8
21	**10**	Cost for epidemiologists	2
22	**11**	Cost to abate lead homes in Flint	4
23	**12**	Additional lead investigations	

	D	E	F	G	H
12			$ 120,000	$ 120,000	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.
13				$ -	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required. Assume that this is fully covered by MSP supplemental. If we are billed then a supplemental is required.
14	$ 200,000			$ 200,000	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.
15		$ 60,000		$ 60,000	One contractual peer educator FTE at Genesee County Health Department to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and overall health of pregnant moms and infants. Funds will be used for bus tokens to get people to and from WIC clinics. This individual will promote people to get enrolled and access to health care. The WIC initiative is a new initiative.
16					
17	**$ 200,000**	**$ 1,847,500**	**$ 310,000**	**$ 2,357,500**	
18					
19					
20	$ 850,000			$ 850,000	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.
21			$ 220,000	$ 220,000	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.
22		$ 2,261,000		$ 2,261,000	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.
23		$ 130,000		$ 130,000	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)

	A	B	C
24	**13**	Increase nurse case management	1
25	**14**	Increase community education	2
26	**15**	Water Filters, Mounts, Replacement Cartridges and Bottles	
27	**16**	Food Inspections	
28	**17**	WIC outreach and transportation	1
29			
30		**Total FY17 Funding Request**	**18**
31			
32		**Total FY16 and FY17 Funding Request**	**27.5**
33			
34		Notes:	
35		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
36		(2) FY16 levels support work to take place in the City of Flint only.	
37		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	
38			
39		**Other DHHS FY16 Requests to Address Near and Long Term issues - As of April 1, 2016 - 6 month funding levels**	
40			
41	**1**	Education - Secondary Prevention	

	D	E	F	G	H
24			$ 100,000	$ 100,000	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.
25			$ 180,000	$ 180,000	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.
26				$ -	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required. Assume that this is fully covered by MSP supplemental. If the DHHS is billed by MSP then a supplemental is required.
27	$ 200,000			$ 200,000	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.
28		$ 90,000		$ 90,000	One contractual peer educator FTE at GCHD to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and improve the overall health of pregnant moms and infants. Bus tokens (10,000 at $1 = $10,000), bus signs and other promotion materials for WIC at $5,000.
29					
30	**$ 1,050,000**	**$ 2,481,000**	**$ 500,000**	**$ 4,031,000**	
31					
32				**$ 6,388,500**	
33					
34					
35					
36					
37					
38					
39					
40					
41	$ 300,000			$ 300,000	This proposal will provide funds to support the programs operated by the two existing child and adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.

	A	B	C
42	**2**	Nutrition - Secondary Prevention	
43	**3**	Nutrition - Secondary Prevention	
44	**4**	Tertiary Prevention - Support Food Supply	
45	**5**	Medical Health - Secondary Prevention	
46	**6**	Medical and Behavioral Health - Treatment	
47	**7**	Educating Primary Care Providers	
48	**8**	Other Medical and Behavioral Health Concerns	

	D	E	F	G	H
42			$ 675,000	$ 675,000	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding.
43	$ 14,620		$ 27,880	$ 42,500	This funding request dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Percentage of women breastfeeding in Michigan and in Genessee County is fairly low. This FTE could do education and one on one counseling and work with pregnant women and could advocate longer breastfeeding. Assume Medicaid funding.
44	$ 305,000			$ 305,000	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city (cost $250,000) as well as additional support for existing food banks (cost $250,000) with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community.
45	$ 260,000			$ 260,000	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
46	$ 3,268,000		$ 6,232,000	$ 9,500,000	Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Treatment is estimated at $300,000 and ADHD includes medication and counseling estimated at $18.0M annually. Estimate was predicated on work done by other states including New York as well as referencing recent research on the subject. Assume Medicaid funding.
47				$ 50,000	Funds to support the collaboration between the Hurley Medical Center, Michigan State University's college of human medicine, and other community organizations. Collaboration work will focus on the continued assessment and collection of blood samples to assess how many children have high lead levels, ongoing monitoring of those impacted, and the development of intervention programs in order to prevent long term consequences.
48				$ 200,000	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.

	A	B	C
49	**9**	CMH services	
50			
51		**Total FY16 Near and Long Term Funding Request - As of April 1, 2016 - 6 Month Funding Level**	

	D	E	F	G	H
49			Placeholder		Pending proposal to increase resources for state funded community mental health in Genesee County as well as the Genesee Health System that both have the tools to provide support for infant mental health, case management, and other related behavioral health care. Possible expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County.
50					
51				**$ 11,082,500**	

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 and FY17 Supplemental Request**	
3		**January 14, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FY16 Supplemental Request - Assume funding recommended from February 1 - September 30, 2016**	
7			
8	**1**	Cost for epidemiologists	2
9	**2**	Cost to abate lead homes in Flint	3.5
10	**3**	Additional lead investigations	0
11	**4**	Increase nurse case management	1
12	**5**	Increase community education	2
13	**6**	Water Filters, Mounts, Replacement Cartridges and Bottles	0

	D	E	F	G
1				
2				
3				
4				
5				**Amount**
6				
7	**GF**	**State Restricted**	**Federal**	**Gross**
8	$ -	$ -	$ 115,000	$ 115,000
9		$ 1,687,500		$ 1,687,500
10		$ 100,000		$ 100,000
11			$ 75,000	$ 75,000
12			$ 120,000	$ 120,000
13				$ -

	H
1	
2	
3	
4	
5	**Detailed Description**
6	
7	
8	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
9	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing (total $187,500). Funds for the service include the cost to abate 100 homes @ $15,000 each ($1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.
10	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.
11	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.
12	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.
13	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required. Assume that this is fully covered by MSP supplemental. If we are billed then a supplemental is required.

	A	B	C
14	**7**	Food Inspections	
15	**8**	WIC outreach and transportation	1
16			
17		**Total Original FY16 Funding Request**	**9.5**
18			
19		**FY17 Supplemental Request - Assume full year**	
20	**9**	Continuation of FY16 Supplemental	8
21	**10**	Cost for epidemiologists	2
22	**11**	Cost to abate lead homes in Flint	4
23	**12**	Additional lead investigations	
24	**13**	Increase nurse case management	1
25	**14**	Increase community education	2
26	**15**	Water Filters, Mounts, Replacement Cartridges and Bottles	
27	**16**	Food Inspections	
28	**16**	WIC outreach and transportation	1
29			
30		**Total FY17 Funding Request**	**18**
31			

	D	E	F	G
14	$ 200,000			$ 200,000
15		$ 60,000		$ 60,000
16				
17	**$ 200,000**	**$ 1,847,500**	**$ 310,000**	**$ 2,357,500**
18				
19				
20	$ 850,000			$ 850,000
21			$ 220,000	$ 220,000
22		$ 2,261,000		$ 2,261,000
23		$ 130,000		$ 130,000
24			$ 100,000	$ 100,000
25			$ 180,000	$ 180,000
26				$ -
27	$ 200,000			$ 200,000
28		$ 90,000		$ 90,000
29				
30	**$ 1,050,000**	**$ 2,481,000**	**$ 500,000**	**$ 4,031,000**
31				

	H
14	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.
15	One contractual peer educator FTE at Genesee County Health Department to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and overall health of pregnant moms and infants. Funds will be used for bus tokens to get people to and from WIC clinics. This individual will promote people to get enrolled and access to health care. The WIC initiative is a new initiative.
16	
17	
18	
19	
20	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.
21	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.
22	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.
23	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)
24	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.
25	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.
26	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required. Assume that this is fully covered by MSP supplemental. If the DHHS is billed by MSP then a supplemental is required.
27	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.
28	One contractual peer educator FTE at GCHD to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and improve the overall health of pregnant moms and infants. Bus tokens (10,000 at $1 = $10,000), bus signs and other promotion materials for WIC at $5,000.
29	
30	
31	

	A	B	C
32		**Total FY16 and FY17 Funding Request**	**27.5**
33			
34		Notes:	
35		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
36		(2) FY16 levels support work to take place in the City of Flint only.	
37		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	
38			
39		**Other DHHS FY16 Requests to Address Near and Long Term issues**	
40			
41	**5**	Education - Secondary Prevention	
42	**6**	Nutrition - Secondary Prevention	
43	**7**	Nutrition - Secondary Prevention	
44	**8**	Tertiary Prevention	
45	**9**	Medical Health - Secondary Prevention	
46			

	D	E	F	G
32				**$ 6,388,500**
33				
34				
35				
36				
37				
38				
39				
40				
41	$ 500,000			$ 500,000
42	$ 1,380,000			$ 1,380,000
43	$ 85,000			$ 85,000
44	$ 110,000			$ 110,000
45	$ 250,000			$ 250,000
46	$ 520,000			$ 520,000

	H
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	This request is for 5 school nurses assigned to each school district in Flint to monitor, provide case management, treat, promote wellness (socioemotional), and support school nutrition. There is currently only one school nurse at Hurley, not funded by MDHHS. The current district level nurse provides minimal, if any, direct services to students as she is one staff person supporting 20+ schools. These new positions would suppport lead awareness and education, nutritional education, and case management, including referrals for lead screening across several schools in Flint and would support more intensive access for children particularly those who are at risk. Does not address day care centers, nursery school programs, etc.
42	Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. Estimated costs for establishing approximately four WIC clinics includes the following components: nurse, nutritionist, lactation consultant, and clerk. This funding request increases the access and availability of WIC benefits. DHHS would need to negotiate with the federal government. NOTE: INTERNAL DEPARTMENT STAFF DO NOT NECESSARILY SUPPORT THIS RECOMMENDATION. CAPACITY EXISTS WITH CURRENT TWO WIC CLINICS.
43	This funding request dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Percentage of women breastfeeding in Michigan and in Genessee County is fairly low. This FTE could do education and one on one counseling and work with pregnant women and could advocate longer breastfeeding.
44	Funding will promote education on limiting absorption and promoting excretion of lead in exposed children through diet with a Dietician who will explain healthy nutrition at the Genesee County Health Department. Nutrition education and counseling can assist in drawing down lead levels and limiting lead absorption. This position would serve as a resource to promote iron-rich foods for children, shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. SNAP program is closely connected to this recommendation.
45	This funding will support community and evidence based informed programs and practices for parent education. The funding supports five grants at $50,000 each for interested community partners such as Genessee Health Coalition, United Way, and other partners.
46	This funding supports the expansion of evidence based home visiting programs to support parenting skills and early identification of developmental delays. Funds will promote caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Funding includes one FTE to establish, support, and monitor contracts. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to these FTEs who will offer community seminars and other classes to target a broader range of people.

	A	B	C
47	**10**	Medical Health - Treatment	
48	**11**	Educating Primary Care Providers	
49	**12**	Funding for Access	
50	**13**	Tertiary Prevention	
51	**14**	Behavioral Health	
52	**15**	Assessment	
53			
54		**Total FY16 Long Term Funding Request**	**0**

	D	E	F	G
47	$ 18,300,000			$ 18,300,000
48	$ 100,000			$ 100,000
49	$ 100,000			$ 100,000
50	$ 20,000,000			$ 20,000,000
51	$ 7,000,000			$ 7,000,000
52	?			?
53				
54				**$ 48,345,000**

	H
47	Treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home, and an oral intravenous injections chelation. Treatment is estimated at $300,000 and ADHD includes medication and counseling estimated at $18.0M annually. Estimate was predicated on work done by other states including New York as well as referencing recent research on the subject.
48	Funds will go directly to Hurley hospital to promote education for Primary Care Providers regarding toxic stress and training them on early recognition of early developmental delays. This is related to provider awareness. Toxic stress can have negative lasting effects on health and wellbeing. This is a unique situation and requires enhanced level of training and awareness for providers to address the multitude of toxic stressors that impact the child and the family. These stressors include: lead, poverty, housing, lack of adequate nutrition, transportation challenges, family violence and other economic insecurities.
49	Funding will support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.
50	Creation of the Flint Children's Health and Development Fund to support short and long term health, medical care, and developmental needs of Flint children exposed to lead. $100 million estimate provided by Dr. Mona Hanna Attisha. Estimate should be validated through an actuarial analysis.
51	Provide necessary mental/behavioral health services to exposed population with an estimated cost of $700,000 per year for 10 years. Children who have been lead poisoned have higher AD/HD and criminal rates so this is intended to address those problems. More detail is forthcoming on the number of children, etc.
52	Funds for the identification and tracking of exposed children to determine the extent of injury and long term neurodevelopmental, medical, socioeconomic impact. Funds would support an increase in health information exchange and integration between laboratories and MICLPS registry. This registry is new and will track blood lead data. More detail is forthcoming.
53	
54	

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 and FY17 Supplemental Request**	
3		**January 14, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FY16 Supplemental Request - Assume funding recommended from February 1 - September 30, 2016**	
7	**1**	**Cost for epidemiologists**	2
8	**2**	**Cost to abate lead homes in Flint**	3.5
9	**3**	**Additional lead investigations**	0
10	**4**	**Increase nurse case management**	1

	D	E	F	G	H
1					
2					
3					
4					
5	**GF**	**State Restricted**	**Federal**	**Gross**	**Detailed Description**
6					
7	$ -	$ -	$ 115,000	$ 115,000	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
8		$ 1,687,500		$ 1,687,500	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing (total $187,500). Funds for the service include the cost to abate 100 homes @ $15,000 each ($1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.
9		$ 100,000		$ 100,000	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.
10			$ 75,000	$ 75,000	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.

	A	B	C
11	**5**	**Increase community education**	2
12	**6**	**Water Resources**	
13	**7**	**Food Inspections**	
14	**8**	**WIC outreach and transportation**	1
15	**9**	**Education -- Secondary Prevention and Targeting Primary Care Providers**	

	D	E	F	G	H
11			$ 120,000	$ 120,000	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.
12	$ 38,000,000			$ 38,000,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
13	$ 200,000			$ 200,000	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.
14		$ 60,000		$ 60,000	One contractual peer educator FTE at Genesee County Health Department to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and overall health of pregnant moms and infants. Funds will be used for bus tokens to get people to and from WIC clinics. This individual will promote people to get enrolled and access to health care. The WIC initiative is a new initiative.
15	$ 1,266,667			$ 1,266,667	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need. Educating PCPs will be supported by funds directed to the collaboration between the Hurley Medical Center, Michigan State University's college of human medicine, and other community organizations. Collaboration work will focus on the continued assessment and collection of blood samples to assess how many children have high lead levels, ongoing monitoring of those impacted, and the development of

	A	B	C
16	10	**Nutrition -- Secondary Prevention and Education**	
17	11	**Food Supply -- Tertiary Prevention**	
18	12	**Medical Health - Secondary Prevention**	
19	13	**Behavioral Health - Treatment**	
20	14	**Other Medical and Behavioral Health Concerns**	
21	15	**CMH services**	
22	16	**CMH TBD - ROBERTS/LYON/LG**	
23			
24			

	D	E	F	G	H
16	$ 29,240		$ 10,827,427	$ 10,856,667	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding.
17	$ 573,333			$ 573,333	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
18	$ 346,667			$ 346,667	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
19	$ 5,802,133		$ 11,064,533	$ 16,866,667	Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Treatment is estimated at $300,000 and ADHD includes medication and counseling estimated at $18.0M annually. Estimate was predicated on work done by other states including New York as well as referencing recent research on the subject. Assume Medicaid funding.
20	$ 266,667			$ 266,667	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
21	$ 3,400,000			$ 3,400,000	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.
22			Placeholder		
23					
24					

	A	B	C
25		**Total FY16 Funding Request**	
26			
27		**FY17 Supplemental Request - Assume full year**	
28	**1**	Continuation of FY16 Supplemental	8
29	**2**	Cost for epidemiologists	2
30	**3**	Cost to abate lead homes in Flint	4
31	**4**	Additional lead investigations	
32	**5**	Increase nurse case management	1
33	**6**	Increase community education	2
34	**7**	Water Resources	
35	**8**	Food Inspections	
36	**9**	WIC outreach and transportation	1
37			
38		**Total FY17 Funding Request**	**18**
39			

	D	E	F	G	H
25	**$ 11,684,707**	**$ -**	**$ 21,891,960**	**$ 33,576,667**	
26					
27					
28	$ 850,000			$ 850,000	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.
29			$ 220,000	$ 220,000	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.
30		$ 2,261,000		$ 2,261,000	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.
31		$ 130,000		$ 130,000	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)
32			$ 100,000	$ 100,000	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.
33			$ 180,000	$ 180,000	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.
34	$ 57,000,000			$ 57,000,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Full year estimate.
35	$ 200,000			$ 200,000	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.
36		$ 90,000		$ 90,000	One contractual peer educator FTE at GCHD to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and improve the overall health of pregnant moms and infants. Bus tokens (10,000 at $1 = $10,000), bus signs and other promotion materials for WIC at $5,000.
37					
38	**$ 58,050,000**	**$ 2,481,000**	**$ 500,000**	**$ 61,031,000**	
39					

	A	B	C
40		**Total FY16 and FY17 Funding Request**	**#REF!**
41			
42		Notes:	
43		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
44		(2) FY16 levels support work to take place in the City of Flint only.	
45		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	
46		(4) FY17 amounts DO NOT INCLUDE the Fy16 near and long term solution costs which would need to be considered should they be included in the FY16 supplemental	

	D	E	F	G	H
40				#REF!	
41					
42					
43					
44					
45					
46					

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

	B	C	D	E	F
2	Near / Long Term Detail - REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels				
3					
4	Education - Secondary Prevention		500,000	CAHCs	
5			100,000	CHAP	
6			1,200,000	Pathways expansion	
7					
8					
9			100,000	Educating PCPs	
10	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff	
11			85,000	Lactation consultant	
12				55,760	fed
13				29,240	Gf
14					
15	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks	
16			250,000	Increase support for existing food banks	
17			110,000	Dietician	
18			250,000	Increase Double Up Food Bucks	
19					
20	Medical Health - Secondary Prevention		400,000	Expand home visiting programs	
21			120,000	Expand caregiver capacity/Maternal child health	
22					
23	**Behavioral Health** - Treatment		18,300,000	Treating ADHD	
24			7,000,000		
25					
26	**Other Medical and Behavioral Health Concerns**				
27					
28	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB	
29			33,800,000	Thru September 2016	
30					
31	CMH services		100,000	MC3	
32			5,000,000	CMH crisis services	
33					
34	CMH TBD - ROBERTS/LYON/LG				

	G	H	I
2			
3			
4			
5			
6		10	FTEs
7		120,000	
8		1,200,000	
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 and FY17 Supplemental Request**	
3		**January 15, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FY16 Supplemental Request - Assume funding recommended from February 1 - September 30, 2016**	
7	**1**	**Cost for epidemiologists**	2
8	**2**	**Cost to abate lead homes in Flint**	3.5
9	**3**	**Additional lead investigations**	0
10	**4**	**Increase nurse case management**	1
11	**5**	**Increase community education**	2

	D	E	F	G
1				
2				
3				
4				
5	**GF**	**State Restricted**	**Federal**	**Gross**
6				
7	$ -	$ -	$ 146,667	$ 146,667
8		$ 1,507,333		$ 1,507,333
9		$ 86,667		$ 86,667
10			$ 66,667	$ 66,667
11			$ 120,000	$ 120,000

	H	I	J
1			
2			
3			
4			
5	**Detailed Description**		
6		**Affected Line Items**	
7	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	Epidemiology Administration	
8	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	Healthy Homes Program	
9	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	Healthy Homes Program	
10	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	Childhood Lead Program	
11	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	Essential Local Public Health Services	

	A	B	C
12	6	**Water Resources**	
13	7	**Food Inspections**	
14	8	**Education and Access -- Secondary Prevention**	
15		**Education and Access -- Secondary Prevention and Targeting Primary Care Providers**	
16	9	**Nutrition -- Secondary Prevention and Education**	
17	10	**Food Supply -- Tertiary Prevention**	

	D	E	F	G
12	$ 38,000,000			$ 38,000,000
13	$ 200,000			$ 200,000
14	$ 800,000			$ 800,000
15	$ 669,867			$ 669,867
16	$ 29,240		$ 927,427	$ 956,667
17	$ 573,333			$ 573,333

	H	I	J
12	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief	
13	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	Essential Local Public Health Services	
14	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration	
15	Additional funding requested by Director Lyon. Use savings from GF change from Behavioral Health Treatment item#12 to increase education and access secondary prevention efforts.		
16	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services	\
17	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"	

	A	B	C
18	11	**Medical Health - Secondary Prevention**	
19	12	**Behavioral Health - Treatment**	
20	13	**Other Medical and Behavioral Health Concerns**	
21	14	**CMH TBD - ROBERTS/LYON/LG**	
22			
23			
24		**Total FY16 Funding Request**	
25			
26		**FY17 Supplemental Request - Assume full year**	
27	15	**Continuation of FY16 Supplemental**	8
28	16	**Cost for epidemiologists**	2
29	17	**Cost to abate lead homes in Flint**	4
30	18	**Additional lead investigations**	
31	19	**Increase nurse case management**	1
32	20	**Increase community education**	2

	D	E	F	G
18	$ 346,667			$ 346,667
19	$ 1,330,133		$ 2,536,533	$ 3,866,667
20	$ 266,667			$ 266,667
21			Placeholder	
22				
23				
24	**$ 42,215,907**	**$ 1,594,000**	**$ 3,797,293**	**$ 47,607,200**
25				
26				
27	$ 850,000			$ 850,000
28			$ 220,000	$ 220,000
29		$ 2,261,000		$ 2,261,000
30		$ 130,000		$ 130,000
31			$ 100,000	$ 100,000
32			$ 180,000	$ 180,000

	H	I	J
18	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support	
19	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	Community Mental Health General Fund	
20	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects	
21			
22			
23			
24		0	
25			
26			
27	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.	Epidemiology Administration	
28	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.	Epidemiology Administration	
29	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.	Healthy Homes Program	
30	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)	Healthy Homes Program	
31	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.	Childhood Lead Program	
32	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.	Essential Local Public Health Services	

	A	B	C
33	**21**	**Water Resources**	
34	**22**	**Food Inspections**	
35	**23**	**Education and Access -- Secondary Prevention**	
36	**24**	**Nutrition -- Secondary Prevention and Education**	
37	**25**	**Food Supply -- Tertiary Prevention**	
38	**26**	**Medical Health - Secondary Prevention**	

	D	E	F	G
33	$ 57,000,000			$ 57,000,000
34	$ 300,000			$ 300,000
35	$ 1,200,000			$ 1,200,000
36	$ 29,240		$ 1,405,760	$ 1,435,000
37	$ 860,000			$ 860,000
38	$ 520,000			$ 520,000

	H	I	J
33	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief	
34	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate	Essential Local Public Health Services	
35	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration	
36	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services	
37	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"	
38	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support	

	A	B	C
39	**27**	**Behavioral Health - Treatment**	
40	**28**	**Other Medical and Behavioral Health Concerns**	
41	**29**	**CMH TBD - ROBERTS/LYON/LG**	
42		**Total FY17 Funding Request**	**17**
43			
44			
45		Notes:	
46		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
47		(2) FY16 levels support work to take place in the City of Flint only.	
48		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	

	D	E	F	G
39	$ 1,995,200		$ 3,804,800	$ 5,800,000
40	$ 266,667			$ 266,667
41			Placeholder	
42	**$ 63,021,107**	**$ 2,391,000**	**$ 5,710,560**	**$ 71,122,667**
43				
44				
45				
46				
47				
48				

	H	I	J
39	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.	Community Mental Health General Fund	
40	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects	
41			
42		0	
43			
44			
45			
46			
47			
48			

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D15
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

Cell: D19
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health -** Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY16 and FY17 Supplemental Request**	
3		**January 15, 2016**	
4			
5		**Appropriation**	**Contractual FTEs**
6		**FY16 Supplemental Request - Assume funding recommended from February 1 - September 30, 2016**	
7	**1**	**Cost for epidemiologists**	2
8	**2**	**Cost to abate lead homes in Flint**	3.5
9	**3**	**Additional lead investigations**	0
10	**4**	**Increase nurse case management**	1

	D	E	F	G	H
1					
2					
3					
4					
5	**GF**	**State Restricted**	**Federal**	**Gross**	**Detailed Description**
6					
7	$ -	$ -	$ 146,667	$ 146,667	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.
8		$ 1,507,333		$ 1,507,333	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.
9		$ 86,667		$ 86,667	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.
10			$ 66,667	$ 66,667	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.

	I
1	
2	
3	
4	
5	
6	**Affected Line Items**
7	Epidemiology Administration
8	Healthy Homes Program
9	Healthy Homes Program
10	Childhood Lead Program

	A	B	C
11	5	**Increase community education**	2
12	6	**Water Resources**	
13	7	**Food Inspections**	
14	8	**Education and Access -- Secondary Prevention and Targeting Primary Care Providers**	

	D	E	F	G	H
11			$ 120,000	$ 120,000	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.
12	$ 38,000,000			$ 38,000,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
13	$ 200,000			$ 200,000	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.
14	$ 1,326,667			$ 1,326,667	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes one contractual peer educator FTE at Genesee County Health Department to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and overall health of pregnant moms and infants. Funds will be used for bus tokens to get people to and from WIC clinics. This individual will promote people to get enrolled and access to health care. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and

	I
11	Essential Local Public Health Services
12	State Emergency Relief
13	Essential Local Public Health Services
14	Child and Adolescent Health Centers, Field Operations Administration, Special Projects, Women, Infants, and Children Local Agreements

	A	B	C
15	9	**Nutrition -- Secondary Prevention and Education**	
16	10	**Food Supply -- Tertiary Prevention**	
17	11	**Medical Health - Secondary Prevention**	
18	12	**Behavioral Health - Treatment**	
19	13	**Other Medical and Behavioral Health Concerns**	
20	14	**CMH TBD - ROBERTS/LYON/LG**	
21			
22			
23		**Total FY16 Funding Request**	

	D	E	F	G	H
15	$ 29,240		$ 927,427	$ 956,667	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.
16	$ 573,333			$ 573,333	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
17	$ 346,667			$ 346,667	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.
18	$ 1,330,133		$ 2,536,533	$ 3,866,667	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Treatment is estimated at $300,000 and ADHD includes medication and counseling estimated at $18.0M annually. Estimate was predicated on work done by other states including New York as well as referencing recent research on the subject. Assume Medicaid funding.
19	$ 266,667			$ 266,667	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
20			Placeholder		
21					
22					
23	**$ 42,072,707**	**$ 1,594,000**	**$ 3,797,293**	**$ 47,464,000**	

	I
15	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
16	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
17	Prenatal Care Outreach and Service Delivery Support
18	Community Mental Health General Fund
19	Special Projects
20	
21	
22	
23	0

	A	B	C
24			
25		**FY17 Supplemental Request - Assume full year**	
26	**15**	**Continuation of FY16 Supplemental**	8
27	**16**	**Cost for epidemiologists**	2
28	**17**	**Cost to abate lead homes in Flint**	4
29	**18**	**Additional lead investigations**	
30	**19**	**Increase nurse case management**	1
31	**20**	**Increase community education**	2
32	**21**	**Water Resources**	
33	**22**	**Food Inspections**	

	D	E	F	G	H
24					
25					
26	$ 850,000			$ 850,000	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF.
27			$ 220,000	$ 220,000	Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.
28		$ 2,261,000		$ 2,261,000	Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities.
29		$ 130,000		$ 130,000	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs)
30			$ 100,000	$ 100,000	Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.
31			$ 180,000	$ 180,000	Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.
32	$ 57,000,000			$ 57,000,000	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.
33	$ 300,000			$ 300,000	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate

	I
24	
25	
26	Epidemiology Administration
27	Epidemiology Administration
28	Healthy Homes Program
29	Healthy Homes Program
30	Childhood Lead Program
31	Essential Local Public Health Services
32	State Emergency Relief
33	Essential Local Public Health Services

	A	B	C
34	**23**	**Education and Access -- Secondary Prevention and Targeting Primary Care Providers**	
35	**24**	**Nutrition -- Secondary Prevention and Education**	
36	**25**	**Food Supply -- Tertiary Prevention**	
37	**26**	**Medical Health - Secondary Prevention**	

	D	E	F	G	H
34	$ 1,990,000			$ 1,990,000	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes one contractual peer educator FTE at Genesee County Health Department to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and overall health of pregnant moms and infants. Funds will be used for bus tokens to get people to and from WIC clinics. This individual will promote people to get enrolled and access to health care. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and
35	$ 29,240		$ 1,405,760	$ 1,435,000	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.
36	$ 860,000			$ 860,000	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.
37	$ 520,000			$ 520,000	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.

	I
34	Child and Adolescent Health Centers, Field Operations Administration, Special Projects, Women, Infants, and Children Local Agreements
35	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
36	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
37	Prenatal Care Outreach and Service Delivery Support

	A	B	C
38	27	**Behavioral Health - Treatment**	
39	28	**Other Medical and Behavioral Health Concerns**	
40	29	**CMH TBD - ROBERTS/LYON/LG**	
41		**Total FY17 Funding Request**	**17**
42			
43			
44		Notes:	
45		(1) FY16 supplemental request reflects additional needs above the original supplemental level passed in November 2015.	
46		(2) FY16 levels support work to take place in the City of Flint only.	
47		(3) FY17 amounts are full year funding levels. Should the FY16 supplemental pass prior to the release of the FY17 Executive Recommendation, FY17 levels can be annualized to reflect the revised FY16 base.	

	D	E	F	G	H
38	$ 5,800,000			$ 5,800,000	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Treatment is estimated at $300,000 and ADHD includes medication and counseling estimated at $18.0M annually. Estimate was predicated on work done by other states including New York as well as referencing recent research on the subject. GF to CMH.
39	$ 266,667			$ 266,667	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.
40			Placeholder		
41	**$ 67,615,907**	**$ 2,391,000**	**$ 1,905,760**	**$ 71,912,667**	
42					
43					
44					
45					
46					
47					

	I
38	Community Mental Health General Fund
39	Special Projects
40	
41	0
42	
43	
44	
45	
46	
47	

Cell: G12
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			90,000			
6			100,000	CHAP		
7			1,200,000	Pathways expansion		
8			100,000	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,760	fed	
14				29,240	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health** - Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I
2		
3		
4		
5		
6		
7	10	FTEs
8	120,000	
9	1,200,000	
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		**FY17 Supplemental Request**	
3		**January 25, 2016**	
4			
5		**Appropriation**	**State or Contractual FTEs**
6	**1**	**Cost for epidemiologists**	2
7	**2**	**Cost to abate lead homes in Flint**	3.5
8	**3**	**Additional lead investigations**	0
9	**4**	**Increase nurse case management**	1
10	**5**	**Increase community education**	2
11	**6**	**Water Resources**	

	D	E	F	G
1				
2				
3				
4				
5	**GF**	**State Restricted**	**Federal**	**Gross**
6	$ -	$ -	$ 145,000	$ 145,000
7		$ 1,510,000		$ 1,510,000
8		$ 90,000		$ 90,000
9		$ 25,000	$ 45,000	$ 70,000
10			$ 120,000	$ 120,000
11	$ 8,000,000			$ 8,000,000

	H	I
1		
2		
3		
4		
5	**Detailed Description**	
6	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	Epidemiology Administration
7	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	Healthy Homes Program
8	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	Healthy Homes Program
9	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	Childhood Lead Program
10	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	Essential Local Public Health Services
11	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief

	J	K
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	

	A	B	C
12	7	**Food Inspections**	
13	8	**Education and Access -- Secondary Prevention**	
14	9	**Nutrition -- Secondary Prevention and Education**	
15	2	**Behavioral Health - Treatment**	
16		**Community Mental Health**	
17	3	**Other Medical and Behavioral Health Concerns**	
18			
19			
20		**Total FY16 Supplemental Funding Request**	**8.5**
21			
22		**FY16 DHHS FUNDING ESTIMATE FOR SPRING SUPPLEMENTAL - ASSUME FUNDING APRIL 1, 2016 THROUGH SEPTEMBER 30, 2016**	

	D	E	F	G
12	$ 200,000			$ 200,000
13	$ 1,470,000			$ 1,470,000
14	$ 30,000	$ 927,000		$ 957,000
15	$ 1,335,000		$ 2,535,000	$ 3,870,000
16	$ 500,000			$ 500,000
17	$ 275,000			$ 275,000
18				
19				
20	**$ 11,810,000**	**$ 2,552,000**	**$ 2,845,000**	**$ 17,207,000**
21				
22				

	H	I
12	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	Essential Local Public Health Services
13	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
14	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
15	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	Community Mental Health General Fund
16	Crisis support and counseling through Community Mental Health organizations.	
17	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
18		
19		
20		0
21		
22		

	J	K
12		
13	Took off the $500K for LPH and replaced it with this,.	
14	\	
15		**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**
16		
17	Are we already doing this?	
18		
19		
20		
21		
22		

	A	B	C
23	1	**Food Supply -- Tertiary Prevention**	
24	2	**Medical Health - Secondary Prevention**	
25	3	**Other Medical and Behavioral Health Concerns**	
26	4	**Additional Behavioral Health Treatment and Intervention**	
27			
28		**Total FY16 Spring Supplemental Funding Request**	**0**
29			
30		**DRAFT - FY17 Supplemental Request - Assume full year**	
31	1	**Continuation of FY16 October Supplemental (2015 PA 143)**	8
32	2	**Cost for epidemiologists**	2
33	3	**Cost to abate lead homes in Flint**	4
34	4	**Additional lead investigations**	
35	5	**Increase nurse case management**	1
36	6	**Increase community education**	2
37	7	**Water Resources**	

	D	E	F	G
23	$ 430,000			$ 430,000
24	$ 260,000			$ 260,000
25	$ 500,000			$ 500,000
26	$ 1,500,000			$ 1,500,000
27				
28	**$ 2,690,000**	**$ -**	**$ -**	**$ 2,690,000**
29				
30				
31	$ 850,000			$ 850,000
32			$ 217,500	$ 217,500
33		$ 2,261,000		$ 2,261,000
34		$ 130,000		$ 130,000
35			$ 105,000	$ 105,000
36			$ 180,000	$ 180,000
37	$ 9,900,000			$ 9,900,000

	H	I
23	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
24	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
25	Additional funds to provide crisis counseling and other support services through Community Mental Health.	
26	Cognitive behavioral therapy for children who are exposed, about 10 hours per month per kid. Assume 100 kids for 6 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.	600,000.00
27		
28		
29		
30		
31	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used.	Epidemiology Administration
32	Support two epidemiologists to analyze blood lead levels and address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17.	Epidemiology Administration
33	Finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support four contractual staff - three field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Services funds include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary.	Healthy Homes Program
34	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting (No FTEs). 130 homes @ $1,000 each.	Healthy Homes Program
35	Support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17.	Childhood Lead Program
36	Contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education. Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17.	Essential Local Public Health Services
37	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Home Depot has increased our credit limit to $20 million. $20 million - $1.0 million original supplemental - $1.1 million work project - $8.0 million additional supplemental = $9.9 million.	State Emergency Relief

	J	K
23		
24		
25		
26	$1000 per treatment times 100 kids times 6 months	
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		

	A	B	C
38	8	**Food Inspections**	
39	9	**Education and Access -- Secondary Prevention**	5
40	10	**Nutrition -- Secondary Prevention and Education**	
41	11	**Behavioral Health - Treatment**	
42	12	**Other Medical and Behavioral Health Concerns**	
43	13	**Crisis Counseling Through Local CMH**	
44	14	**Food Supply -- Tertiary Prevention**	

	D	E	F	G
38	$ 300,000			$ 300,000
39	$ 2,205,000			$ 2,205,000
40	$ 1,379,600		$ 55,400	$ 1,435,000
41	$ 2,021,300		$ 3,778,700	$ 5,800,000
42	$ 412,500			$ 412,500
43	$ 750,000			$ 750,000
44	$ 860,000			$ 860,000

	H	I
38	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration. Full year estimate Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17.	Essential Local Public Health Services
39	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model by 5 FTE's to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
40	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
41	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Assume Medicaid funding.	Community Mental Health General Fund
42	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems. Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17.	Special Projects
43	These funds provide crisis support and counseling through CMH organizations. Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17.	
44	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	

	A	B	C
45	**15**	**Medical Health - Secondary Prevention**	
46	**16**	**Additional Behavioral Health Treatment and Intervention**	
47	**17**	**Other DHHS requests of the federal government for federal assistance - details TBD**	
48			
49			
50		**Total FY17 Funding Request**	

	D	E	F	G
45	$ 520,000			$ 520,000
46	$ 3,000,000			$ 3,000,000
47	$ 7,500,000		$ 22,500,000	$ 30,000,000
48				
49				
50	**$ 29,698,400**	**$ 2,391,000**	**$ 26,836,600**	**$ 58,926,000**

	H	I
45	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	
46	Cognitive behavioral therapy for children who are exposed, about 10 hours per month per child. Assume 100 children for 12 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.	
47		
48		
49		
50		0

Cell: G11
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

Cell: D15
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

	B	C	D	E	F	G
2	DETAIL REFLECTS FULL YEAR. Summary tab condenses to 8 months funding levels					
3						
4	Education - Secondary Prevention		500,000	CAHCs		
5			-	Peer educator		
6			100,000	CHAP		
7			600,000	Pathways expansion		
8			-	Educating PCPs		
9						
10						
11	Nutrition - Secondary Prevention		1,350,000	10 Additional WIC staff		
12			85,000	Lactation consultant		
13				55,378	fed	
14				29,623	Gf	
15						
16	Tertiary Prevention - Support Food Supply		250,000	Increase Mobile Food Banks		
17			250,000	Increase support for existing food banks		
18			110,000	Dietician		
19			250,000	Increase Double Up Food Bucks		
20						
21	Medical Health - Secondary Prevention		400,000	Expand home visiting programs		
22			120,000	Expand caregiver capacity/Maternal child health		
23						
24	**Behavioral Health -** Treatment		5,000,000	CMH crisis services and treating ADHD		
25			700,000			
26			100,000	MC3		
27						
28	**Other Medical and Behavioral Health Concerns**					
29						
30	Water filters, replacement cartridges, and faucet mounts		4,200,000	DTMB		
31			33,800,000	Thru September 2016		
32						
33						
34	CMH TBD - ROBERTS/LYON/LG					

	H	I	J
2			
3			
4			
5			
6			
7		5	FTEs
8		120,000	
9		600,000	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	A	B	C
1		**Michigan Department of Health and Human Services**	
2		***DRAFT* FY17 Supplemental Request**	
3		**January 25, 2016**	
4			
5		**Appropriation**	**Gross**
6	**1**	**Cost for epidemiologists**	$ 145,000
7	**2**	**Cost to abate lead homes in Flint**	$ 1,510,000
8	**3**	**Additional lead investigations**	$ 90,000
9	**4**	**Increase nurse case management**	$ 70,000
10	**5**	**Increase community education**	$ 120,000

	D	E
1		
2		
3		
4		
5	**Detailed Description**	
6	Support two epidemiologists to analyze blood lead levels based on zip codes in the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. Positions will be supported through contracts with MPHI. Epidemiologists - to support the review and analysis of the EBL reports for all 13 high risk communities. These epidemiologists will look at these reports at the granular level by zip code. Most were focused by county level. They'll look at patterns and trends to determine the appropriate next steps and work in coordination with the health department. Investigations and follow up will occur in the homes that have spikes - epidemiologists will tell us where to focus. Previous supplemental did not include epidemiologists with a more detailed focus on blood lead analysis.	Epidemiology Administration
7	Costs reflect contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 3.5 contractual staff - 2.5 field consultants to conduct abatement and one to assist with client application and form processing. Funds for the service include the cost to abate 100 homes @ $15,000 each (annualized at $1.5 million) which will include internal housing plumbing components where necessary. Current efforts financed in the previous FY16 supplemental did not support lead abatement activities. An example of Housing plumbing components are faucets, aerators, and fixtures. These are not replacing plumbing systems or pipes in homes. Funds were not included as part of the original supplemental request. Use excess Healthy Michigan Fund.	Healthy Homes Program
8	Additional contractual efforts to support lead investigations in 100 additional homes in the City of Flint. Service will be provided by ETC Consulting. ETC determines all the environmental samples in the home. Including paint, soil, dust., They may rub drapes and see what's in the air. They send all the samples to their labs to determine what the highest readings of lead are and a plan to remediate. This is in addition to funds in the previous FY16 supplemental to account for a ramp up of efforts to catch all homes. Use excess Healthy Michigan Fund.	Healthy Homes Program
9	Funds support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need. The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	Childhood Lead Program
10	Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan. The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care. Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems. Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. This educational component was not part of the previous supplemental.	Essential Local Public Health Services

	A	B	C
11	**6**	**Water Resources**	$ 8,000,000
12	**7**	**Food Inspections**	$ 200,000
13	**8**	**Education and Access -- Secondary Prevention**	$ 1,470,000
14	**9**	**Nutrition -- Secondary Prevention and Education**	$ 957,000
15	**2**	**Behavioral Health - Treatment**	$ 3,870,000
16		**Community Mental Health**	$ 500,000

	D	E
11	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Estimate from SBO per MSP.	State Emergency Relief
12	These funds would be used to support Genesee County's Food Safety Division which has delegated authority from MDARD for inspection and response activities at licensed food service establishments (i.e. restaurants, schools, hospitals, etc.). These funds will go to support an additional field inspector and the backfill of the Environmental Health Manager. The additional inspector is needed to assist with the implementation of the new restaurant and food service facitlities water sampling requirement which will require initial and complaince review inspections. Inspection rate intervals will also likely increase because County Health Officials will need to perform additional compliance reviews given the latest emergency declaration. The Environmental Health Manager is necessary to coordinate inspection and compliance review schedules, coordinate with other county resources for data collection and reporting at the state and county levels, and coordinate other IT issues related to system monitoring. These staff will be limited term staff. Currently the approp for local health department food safety is part of the public health budget and DHHS has always funded the state portion of this function. These funds have not been increased in years.	Essential Local Public Health Services
13	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
14	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
15	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Assume Medicaid funding.	Community Mental Health General Fund
16	Crisis support and counseling through Community Mental Health organizations.	

	F	G
11	1-16-16 SBO Update. If we get FEMA money it's only a 25% match so may be enough to get us through May. If not DHHS will continue spending money on water and we'll come back with a supplemental to make us whole	
12		
13	Took off the $500K for LPH and replaced it with this,.	
14	\	
15		**Need to call John if he has real issues on this - ask for another $1 million GF for CMHs.**
16		

	A	B	C
17	3	**Other Medical and Behavioral Health Concerns**	$ 275,000
18			
19			
20		**Total FY16 Supplemental Funding Request**	**$ 17,207,000**
21			
22		**FY16 DHHS FUNDING ESTIMATE FOR SPRING SUPPLEMENTAL - ASSUME FUNDING APRIL 1, 2016 THROUGH SEPTEMBER 30, 2016**	
23	1	**Food Supply -- Tertiary Prevention**	$ 430,000
24	2	**Medical Health - Secondary Prevention**	$ 260,000
25	3	**Other Medical and Behavioral Health Concerns**	$ 500,000
26	4	**Additional Behavioral Health Treatment and Intervention**	$ 1,500,000
27			
28		**Total FY16 Spring Supplemental Funding Request**	**$ 2,690,000**
29			
30		**DRAFT - FY17 Supplemental Request - Assume full year**	
31	1	**Continuation of FY16 October Supplemental (2015 PA 143)**	$ 850,000
32	2	**Cost for epidemiologists**	$ 217,500
33	3	**Cost to abate lead homes in Flint**	$ 2,261,000
34	4	**Additional lead investigations**	$ 130,000

	D	E
17	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
18		
19		
20		#REF!
21		
22		
23	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"
24	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support
25	Additional funds to provide crisis counseling and other support services through Community Mental Health.	
26	Cognitive behavioral therapy for children who are exposed, about 10 hours per month per kid. Assume 100 kids for 6 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.	600,000.00
27		
28		
29		
30		
31	Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations.	Epidemiology Administration
32	Support two epidemiologists to analyze blood lead levels and address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted.	Epidemiology Administration
33	Finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support four contractual staff - three field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Services funds include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary.	Healthy Homes Program
34	Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting (No FTEs). 130 homes @ $1,000 each.	Healthy Homes Program

	F	G
17	Are we already doing this?	
18		
19		
20		
21		
22		
23		
24		
25		
26	$1000 per treatment times 100 kids times 6 months	
27		
28		
29		
30		
31		
32		
33		
34		

	A	B	C
35	**5**	**Increase nurse case management**	$ 105,000
36	**6**	**Increase community education**	$ 180,000
37	**7**	**Water Resources**	$ 9,900,000
38	**8**	**Food Inspections**	$ 300,000
39	**9**	**Education and Access -- Secondary Prevention**	$ 2,205,000
40	**10**	**Nutrition -- Secondary Prevention and Education**	$ 1,435,000
41	**11**	**Behavioral Health - Treatment**	$ 5,800,000
42	**12**	**Other Medical and Behavioral Health Concerns**	$ 412,500
43	**13**	**Crisis Counseling Through Local CMH**	$ 750,000

	D	E
35	Support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations.	Childhood Lead Program
36	Contractual health educators at Genesee County Health Department to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education.	Essential Local Public Health Services
37	To reflect the ramping up of distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Home Depot has increased our credit limit to $20 million. $20 million - $1.0 million original supplemental - $1.1 million work project - $8.0 million additional supplemental = $9.9 million.	State Emergency Relief
38	These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. The inspection rate intervals will likely increase because MDARD will need to go back and conduct reinspections given the latest emergency declaration.	Essential Local Public Health Services
39	This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes funding to expand the Pathways to Potential model by 5 FTE's to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	School Aid Fund for Child and Adolescent Health Centers, Field Operations Administration
40	This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services
41	Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported.Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).	Community Mental Health General Fund
42	These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	Special Projects
43	These funds provide crisis support and counseling through CMH organizations.	

	A	B	C
44	**14**	**Food Supply -- Tertiary Prevention**	$ 860,000
45	**15**	**Medical Health - Secondary Prevention**	$ 520,000
46	**16**	**Additional Behavioral Health Treatment and Intervention**	$ 3,000,000
47	**17**	**Additional request from MDHHS to Federal Government for Federal Assistance (under development - funding amount is a placeholder)**	$ 30,000,000
48		**Total FY17 Funding Request**	**$ 58,926,000**
49			
50			
51		Notes:	
52		FY17 amounts are full year funding levels.	

	D	E
44	This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nurtritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	
45	This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	
46	Cognitive behavioral therapy for children who are exposed, about 10 hours per month per child. Assume 100 children for 12 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.	
47	Details TBD.	
48		#REF!
49		
50		
51		
52		

Cell: C11
Comment: Hanley, Farah (DHHS):
9 month estimate per SEOC/SBO

	A	B	C
1		**Distribution of Flint Emergency Declaration Funding - As of January 18, 2016**	
2			
3	**1**	**GENERAL STAFF INCURRED EXPENSES**	
4		**TOTAL AMOUNT ALLOCATED PER SUPPLEMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
5		$ 425,000	$ 141,664
6			
7		$ 131,976	$ 30,526
8			
9		$ 8,024	$ -
10			
11		$ 10,000	$ -
12	**Subtotal Epidemiologist Related Expenses**	**$ 575,000**	**$ 172,190**
13	**2**	**CONTRACT EXPENSES**	
14		**TOTAL AMOUNT ALLOCATED PER SUPPLEMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
15		$ 275,000	
16	**Subtotal Contract Related Expenses**	**$ 275,000**	**$ -**
17			
18	**FY16 October Supplemental**	**$ 850,000**	**$ 172,190**
19	***Balance Available for Spending***		***$ 677,810***
20			
21			
22			
23	**3**	**WATER RELATED PURCHASES**	
24		**See Detailed Attachment**	**TOTAL AMOUNT EXPENDED***
25		$ 2,137,055	$ 9,021,179
26			
27	**Subtotal Water Related Expenses**	**$ 2,137,055**	**$ 9,021,179**
28			
29	**FY16 October Supplemental**	**$ 1,000,000**	

	D	E	F
1			
2			
3			
4	**DESCRIPTION**		
5	Agreement with Genessee County for nurses to conduct case management of children who have elevated blood levels. Home visits with the family are coordinated with the ETC to detgermine sources of lead in the home.		
6			
7	Epidemiologist and Toxicologist expenses		
8			
9	Supplies		
10			
11	Printing of educational materials for Flint school children		
12			
13			
14	**DESCRIPTION**		
15	ETC Inc. contract. Conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce / mitigiate lead exposure. Assume $1,000 per home - 275 homes. Work is in progress. Invoices for payment to be submitted.		
16			
17			
18	**General Fund**		
19			
20			
21			
22			
23			
24	**DESCRIPTION**	**QUANTITY DISTRIBUTED**	**DATE**
25	Water Filters, Mounts, Cartridges, etc.	See attachment	See attachment
26			
27			
28			
29	**State Restricted from DEQ**		

	G	H	I
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			**QUANTITY DELIVERED**
25			22,000
26			
27			
28			
29			

	A	B	C
30	**FY16 October Work Project**	**$ 1,137,055**	
31	***Balance Available for Spending***		***$ (6,884,124)***
32			
33		**TOTAL ALLOCATION**	**TOTAL SPENT OR ENCUMBERED FOR SPENDING**
34	**TOTAL FUNDING**	**$ 2,987,055**	**$ 9,193,369**
35			
36			**TOTAL BALANCE**
37			**$ (6,206,314)**

	D	E	F
30	**Lapse funds from SER**		
31			
32			
33			
34			
35			
36			
37			

	A	B	C
1		**Distribution of Flint Emergency Declaration Funding - As of January 18, 2016**	
2			
3	**1**	**GENERAL STAFF INCURRED EXPENSES**	
4		**TOTAL AMOUNT ALLOCATED PER SUPPLEMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
5		$ 425,000	$ 141,664
6			
7		$ 65,000	$ 17,696
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21		$ 32,000	$ 4,481
22			
23			
24			
25			
26			
27			
28			
29			
30			
31		$ 34,976	$ 8,349
32			
33			
34			

	D	E
1		
2		
3		
4	**DESCRIPTION**	
5	Agreement with Genessee County for nurses to conduct case management of children who have elevated blood levels. Home visits with the family are coordinated with the ETC to detgermine sources of lead in the home.	
6		
7	Epidemiologist (Courtney Wisinski)	
8	Responsibilities:	
9	• Review elevated blood level (EBL) sampling protocols to ensure they will meet specific needs for Flint families	
10	• Develop contract language for private consulting firm retained to perform EBL environmental investigations	
11	• Oversee production and quality assurance of private firm performing EBL environmental investigations to ensure compliance with state and federal standards.	
12	• Oversee data collection and analysis of results of EBL investigations	
13	• Facilitation and coordination of EBL investigations with nursing case managers of EBL children/families	
14	• Participation and facilitation of outreach events with families in Flint in coordination with Genesee County Health Department and health plans in the region as well as local partners	
15	• Case liaison with families:	
16	○ Address scheduling conflicts with EBL investigator	
17	○ Provide direct educational support to explain the results of the EBL report and discuss next steps to address lead hazards found.	
18	○ Coordination of lead hazard control of the home with families as needed, including relocation of family during abatement of hazards	
19	• Evaluation and dissemination of findings of EBL investigations.	
20		
21	Public Health Educator (MPHI Michelle Bruneau)	
22		
23	Use her master degree in public health communication and her 7 years' experience in environmental chemical risk communication to conduct plain language communication that can include, upon request, but is not limited to the following activities:	
24	· Create plain language outreach materials that accurately explaining the lead exposure pathways, toxicity, and actions that the individual can take to prevent harm. Beyond text, creation includes layout, formatting, photos and images. (FYI- She has already created two products with a third in-review)	
25	· Review existing outreach materials, identify informational gaps, and generate ideas or materials to address those informational gaps.	
26	· Create high-quality powerpoint presentations that visually convey toxicology and epidemiology information to the general public.	
27	· Create a communication plan that captures technically and scientifically accurate messages in plain language, key target audiences, communication strategies, and distribution plans.	
28	· Work with local partners to determine current levels of awareness and knowledge, as well as assist with communication efforts.	
29	· Work with the DEH toxicologist to generate scientifically accurate outreach materials.	
30		
31	Toxicologist (Jennifer Gray)	
32		
33	Provide toxicology support that can include, upon request, but is not limited to the following:	
34	• modify and run IEUBK lead (Pb) model,	

	A	B	C
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45		$ 8,024	$ -
46			
47		$ 10,000	$ -
48			
49	**Subtotal Epidemiologist Related Expenses**	**$ 575,000**	**$ 172,190**
50			
51	**2**	**CONTRACT EXPENSES**	
52		**TOTAL AMOUNT ALLOCATED PER SUPPLEMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED**
53		$ 275,000	
54			
55	**Subtotal Contract Related Expenses**	**$ 275,000**	**$ -**
56			
57	**FY16 October Supplemental**	**$ 850,000**	**$ 172,190**
58	***Balance Available for Spending***		***$ 677,810***
59			
60			
61			
62	**3**	**WATER RELATED PURCHASES**	
63		**TOTAL AMOUNT ALLOCATED PER SUPPLEMENTAL AND WORK PROJECT**	**TOTAL AMOUNT EXPENDED***
64		$ 2,137,055	$ 1,755,136
65			
66			
67			
68			
69			
70			

	D	E
35	• identify toxicology, epidemiology, and environmental monitoring studies to support model assumptions,	
36	• review and describe analytical data and model data,	
37	• review lead toxicology,	
38	• review environmental and drinking water sampling plans to ensure data collection will allow for residual risk calculations,	
39	• explain the human toxicity of lead,	
40	• attend internal and public meetings,	
41	• write up technical results,	
42	• review technical accuracy of health education materials, and	
43	• provide presentations to health professionals and/or public.	
44		
45	Supplies	
46		
47	Printing of educational materials for Flint school children	
48		
49		
50		
51		
52	**DESCRIPTION**	
53	ETC Inc. contract. Conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce / mitigiate lead exposure. Assume $1,000 per home - 275 homes.	
54		
55		
56		
57	**General Fund**	
58		
59		
60		
61		
62		
63	**DESCRIPTION**	**QUANTITY DISTRIBUTED****
64	Filters	750
65	Replacement Filters	8,000
66		
67	Replacement Filters	375
68		
69	Faucet Mount Filters	49,000
70	Water Filter Pitchers	2,300

	F	G	H	I
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63	**DATE**			**QUANTITY DELIVERED**
64	October			22,000
65	October			25,481
66				
67	November			720
68				
69	January			
70	January			

<<AUTODATE >>
<<AUTODATE >>

	A	B	C
71			
72			
73			
74			
75			
76			
77			
78			$ 350,000
79			
80	**Subtotal Water Related Expenses**	**$ 2,137,055**	**$ 2,105,136**
81			
82	**FY16 October Supplemental**	**$ 1,000,000**	
83	**FY16 October Work Project**	**$ 1,137,055**	
84	***Balance Available for Spending***		***$ 31,919***
85			
86		**TOTAL ALLOCATION**	**TOTAL SPENT OR ENCUMBERED FOR SPENDING**
87	**TOTAL FUNDING**	**$ 2,987,055**	**$ 2,277,326**
88			
89			**TOTAL BALANCE TO BE SPENT BY 9/30/15**
90			**$ 709,729**

	D	E
71	Replacement Filters	168,000
72		
73	**TOTAL ALL PURCHASES**	**228,425**
74		
75	*To date $1.8 million has been encumbered leaving a balance of $381,920 to be added for additional supplies.	
76	** Data from SEOC 1/17/16	
77		
78	Estimate - additional filter purchases week of 1-18-16	
79		
80		
81		
82	**State Restricted from DEQ**	
83	**Lapse funds from SER**	
84		
85		
86		
87		
88		
89		
90		

	F	G	H	I
71	January			
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				

<<AUTODATE >>
<<AUTODATE >>

	A	B	C	D	E	F	G	H	I
1	**Summary of Flint Funding**								
2			DEQ Rev	$ 1,000,000.00					
3			Work Project	$ 1,137,055.00					
4			**Total**	**$ 2,137,055.00**					
5	Description	Quantity	Unit Price	Original Encumbered	Invoiced	Remaining Enc	Received	Distributed	Remaining
6	Water Filters	50,000	$ 17.47	$ 873,500.00		$ 873,500.00	15,000	11,492	**3,508**
7	Water Pitchers	1,750	$ 29.99	$ 52,482.50		$ 52,482.50	720	241	**479**
8	Replacement Cartridges - Brita	44,000	$ 15.97	$ 702,680.00		$ 702,680.00	9,000	1,578	**7,422**
9	Replacement Cartridges - PUR			$ -		$ -	5,706	90	**5,616**
10	Replacement Cartridges - Zero	4,220	$ 29.97	$ 126,473.40		$ 126,473.40	375	7	**368**
11				$ 1,755,135.90	$ -	$ 1,755,135.90			
12									
13			**Balance**	**$ 381,919.10**					

	A	B	C	D	E
1	**Summary DEQ Rev AY16 APPN 32640**			**$ 1,000,000.00**	
2	Description	Quantity	Unit Price	Original Encumbered	Invoiced
3	Ordered PO 431N6600219				
4	Water Filters	20,000	$ 17.47	$ 349,400.00	
5	Water Pitchers	750	$ 29.99	$ 22,492.50	
6	Replacement Cartridges - Brita	9,000	$ 15.97	$ 143,730.00	
7	Replacement Cartridges - PUR			$ -	
8	Replacement Cartridges - Zero	375	$ 29.97	$ 11,238.75	
9	Water Filters	30,000	$ 17.47	$ 524,100.00	
10	Water Pitchers	1,000	$ 29.99	$ 29,990.00	
11	Replacement Cartridges - Brita	35,000	$ 15.97	$ 558,950.00	
12	Replacement Cartridges - Zero	1,345	$ 29.97	$ 40,309.65	
13	Replacement Cartridges - Zero	2,500	$ 29.97	$ 74,925.00	
14					
15				$ 1,755,135.90	$ -
16					
17				$ (755,135.90)	
18			Will JV to WP	$ 755,135.90	
19			Balance	$ -	
20					
21	Use 96000 32099 AY16 aobj 6335 – for the expenditures related to the bulk purchase of water filters. This is going to be funded with $1.0 M in revenue from DEQ.				
22	The PCA points to the ARF 3200				
23	New coding will need to be established pointing to the state restricted funding in Supplemental PA 143 of 2015				

	F	G	H	I
1				
2	Remaining Enc	Received	Distributed	Remaining
3				
4	$ 349,400.00	15,000	11,492	**3,508**
5	$ 22,492.50	720	241	**479**
6	$ 143,730.00	9,000	1,578	**7,422**
7	$ -	5,706	90	**5,616**
8	$ 11,238.75	375	7	**368**
9	$ 524,100.00			
10	$ 29,990.00			
11	$ 558,950.00			
12	$ 40,309.65			
13	$ 74,925.00			
14	$ -			
15	$ 1,755,135.90			
16				
17				
18				
19				
20				
21				
22				
23				

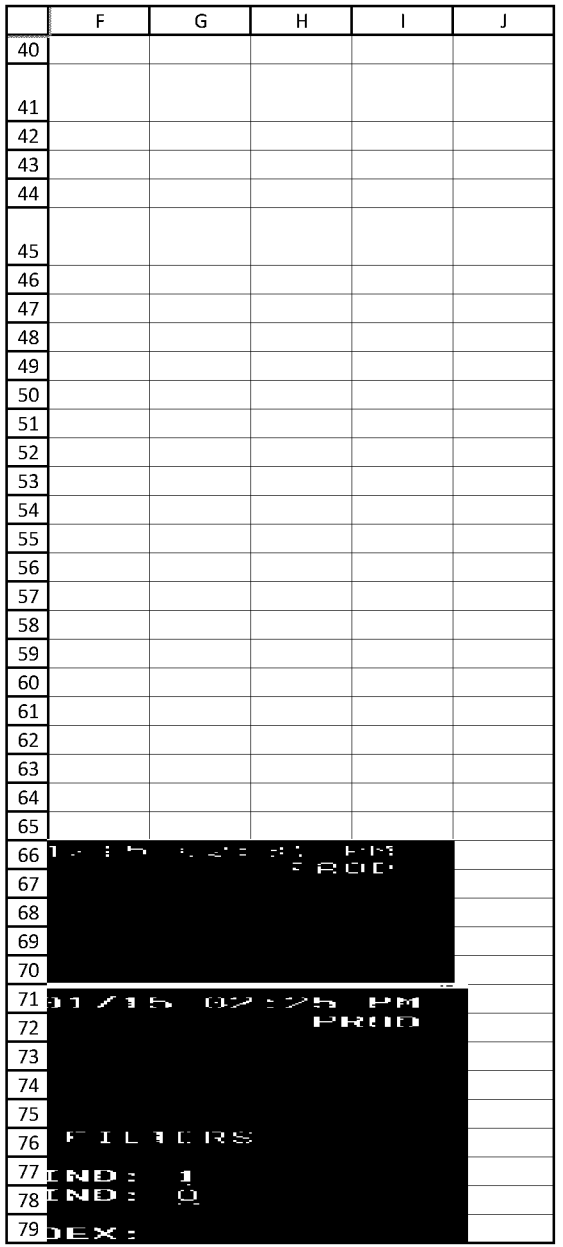
	A	B	C	D	E	F	G	H	I
1	**Summary WP AY15 APPN 32640**			**$ 1,137,055**					
2	Description	Quantity	Unit Price	Original Encumbered	Invoiced	Remaining Enc	Received	Distributed	Remaining
3	JV from AY16 (DEQ Rev)			$ 755,135.90		$ 755,135.90			
4	Ordered PO 431N								
5	Water Filters			$ -		$ -			
6	Water Pitchers			$ -		$ -			
7	Replacement Cartridges - Brita			$ -		$ -			
8	Replacement Cartridges - PUR			$ -		$ -			
9	Replacement Cartridges - Zero			$ -		$ -			
10				$ 755,135.90	$ -	$ 755,135.90			
11									
12		Available funding		$ 381,919.10					
13									
14	Use 96000 32100 AY15 aobj 6335 – for the expenditures related to the vouchers for the DHHS Clients. This is going to be a work project.								
15									
16	The PCA above points to GF/GP								

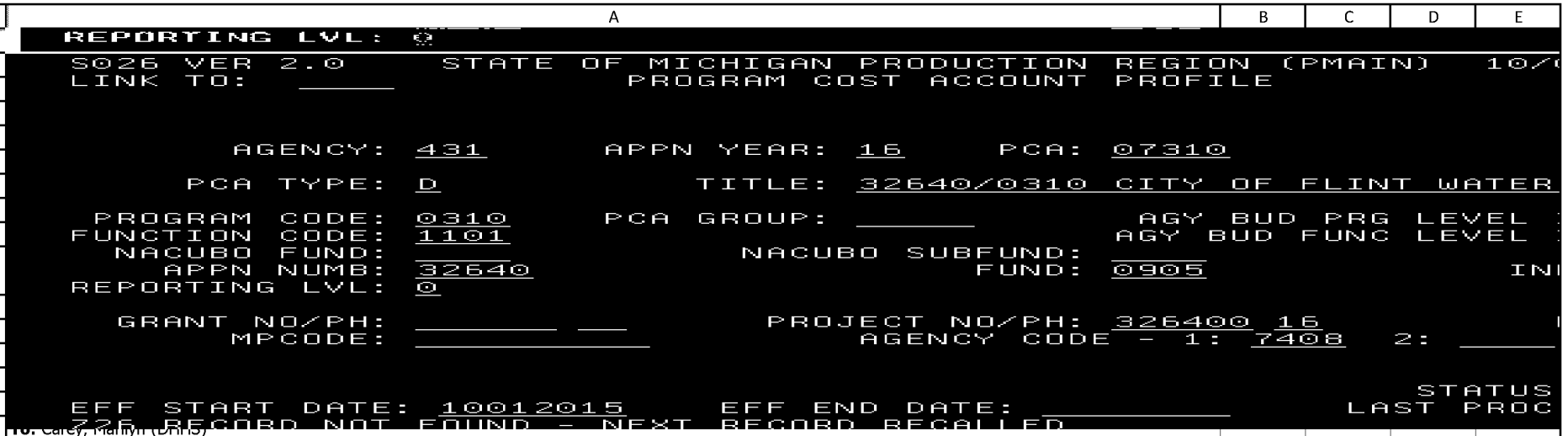
	A	B	C	D	E
1	**From:** Carey, Marilyn (DHHS)				
2	**Sent:** Friday, October 2, 2015 11:15 AM				
3	To: Sanches, Christine (DHHS) <SanchesC@michigan.gov>				
4	**Cc:** Bendele, Steven (DHHS) <BendeleS@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stephen, Kimberly (DHHS) <STEPHENK@michigan.gov>				
5	**Subject:** RE: Water Coding				
6					
7	Hi Chris,				
8					
9	Please use 96000 32099 AY16 aobj 6335 – for the expenditures related to the bulk purchase of water filters. This is going to be funded with $1.0 M in revenue from DEQ.				
10	Please use 96000 32100 AY15 aobj 6335 – for the expenditures related to the vouchers for the DHHS Clients. This is going to be a work project.				
11					
12	The expenditures will come out of agency 431.				
13					
14					
15	**From:** Bendele, Steven (DHHS)				
16	**Sent:** Friday, October 02, 2015 10:54 AM				
17	**To:** Carey, Marilyn (DHHS)				
18	**Cc:** Sanches, Christine (DHHS)				
19	**Subject:** RE: Water Coding				
20					
21	Related to the conversation we just had …				
22					
23	**From:** Sanches, Christine (DHHS)				
24	**Sent:** Friday, October 02, 2015 10:32 AM				
25	**To:** Bendele, Steven (DHHS)				
26	**Subject:** FW: Water Coding				
27					
28	Can you provide use with the correct account codes to use for the voucher printing.				
29					
30	**From:** Carey, Marilyn (DHHS)				
31	**Sent:** Friday, October 2, 2015 9:52 AM				
32	**To:** Sanches, Christine (DHHS) <SanchesC@michigan.gov>; Stephen, Kimberly (DHHS) <STEPHENK@michigan.gov>				
33	**Subject:** FW: Water Coding				
34					
35	Hello,				
36					
37	This is in agency 431.				
38					
39	The following coding has been established for the City of Flint Water Filters:				

	A	B	C	D	E
40					
41	96000 07310 aobj 1750 to record the revenue from DEQ. This will mean that $1.0M in revenue is going to be recorded there from DEQ. This source of the revenue is Other State Restricted. The aobj is Environmental Pollution Settlements.				
42					
43	The coding for expenditures is 96000 32099 aobj 6335 – Payments in Behalf of Individuals.				
44					
45	If you would like to see the revenues matched to the expenditures please pull a MIDB report for program 0310. That will let you know the balance of revenue remaining.				
46					
47	If you would like more information, please ask.				
48					
49	Thank you,				
50					
51	Marilyn				
52					
53	**From:** Curtis, Colleen (DHHS)				
54	**Sent:** Thursday, October 01, 2015 2:58 PM				
55	**To:** Weiderer, Virginia (DHHS)				
56	**Cc:** Carey, Marilyn (DHHS)				
57	**Subject:** RE: Water Coding				
58					
59	***Gini –***				
60	***This is a RUSH please. I have mocked up screens and provided Index/AOBJ.***				
61	***Please enter in MAIN today as Marilyn must forward the information today.***				
62	***Yell loud if you have any questions.***				
63	***Thank you.***				
64					
65	**Establish new program code 0310 as shown below.**				






PROD
11/15 02:25 PM
PROD
FILDERS
IND: 1
IND: 0
DEX:



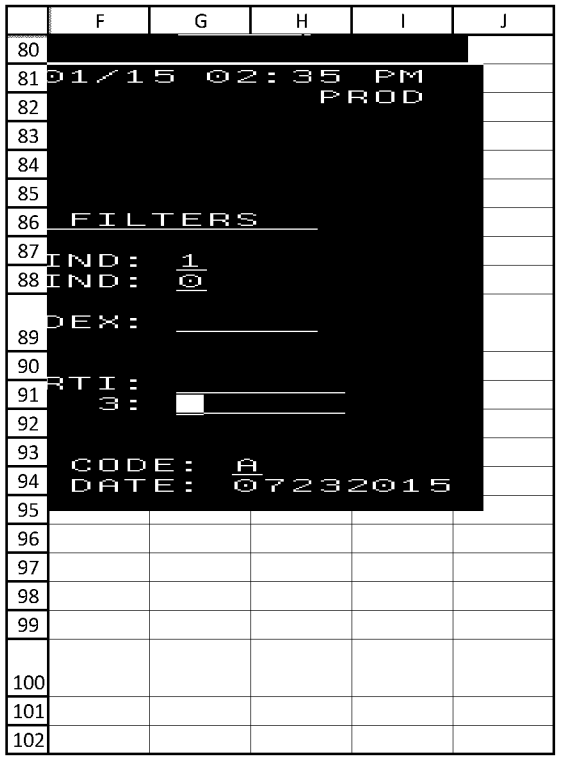
To: Carey, Marilyn (DHHS)

Subject: Water Coding

Marilyn,

I just talked to Paul. If you could send him an email regarding the water filters with coding, he should be able to send over the money. They are sending us revenue.

Steve


01/15 02:35 PM
PROD
FILTERS
IND: 1
IND: 0
DEX:
RTI:
3:
CODE: A
DATE: 07232015

	A	B	C	D	E	F	G	H	I
1	**Summary of Flint Funding**								
2			DEQ Rev	$ 1,000,000.00					
3			Work Project	$ 1,137,055.00					
4			**Total**	**$ 2,137,055.00**			**Inventory as of 01/13/2016**		
5	Description	Quantity	Unit Price	Original Encumbered	Invoiced	Remaining Enc	Quantity Ordered	Delivered from Vendor	Remaining Order
6	Water Filters	50,000	$ 17.47	$ 873,500.00		$ 873,500.00	50,000	22,000	28,000
7	Water Pitchers	1,750	$ 29.99	$ 52,482.50		$ 52,482.50	1,750	720	1,030
8	Replacement Cartridges - Brita	44,000	$ 15.97	$ 702,680.00		$ 702,680.00	44,000	19,400	24,600
9	Replacement Cartridges - PUR			$ -		$ -		5,706	
10	Replacement Cartridges - Zero	4,220	$ 29.97	$ 126,473.40		$ 126,473.40	4,220	375	3,845
11				$ 1,755,135.90	$ -	$ 1,755,135.90			
12									
13			**Balance**	**$ 381,919.10**					
14									
15									
16									
17									
18									
19									
20	*Delivered and distributed from GCCARD and DHHS only as of 01/13/16. This does not include what has been distributed to the Fire Depart, City Hall, door to door delivery, or churches.								

	J	K
1		
2		
3		
4		
5	Distributed to Individuals*	Current Inventory
6	13,008	**8,992**
7	409	**311**
8	3,367	**16,033**
9	375	**5,331**
10	205	**170**
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

	A	B	C	D	E
1	**Summary DEQ Rev AY16 APPN 32640**			**$ 1,000,000.00**	
2	Description	Quantity	Unit Price	Original Encumbered	Invoiced
3	Ordered PO 431N6600219				
4	Water Filters	20,000	$ 17.47	$ 349,400.00	
5	Water Pitchers	750	$ 29.99	$ 22,492.50	
6	Replacement Cartridges - Brita	9,000	$ 15.97	$ 143,730.00	
7	Replacement Cartridges - PUR			$ -	
8	Replacement Cartridges - Zero	375	$ 29.97	$ 11,238.75	
9	Water Filters	30,000	$ 17.47	$ 524,100.00	
10	Water Pitchers	1,000	$ 29.99	$ 29,990.00	
11	Replacement Cartridges - Brita	35,000	$ 15.97	$ 558,950.00	
12	Replacement Cartridges - Zero	1,345	$ 29.97	$ 40,309.65	
13	Replacement Cartridges - Zero	2,500	$ 29.97	$ 74,925.00	
14					
15		99,970		$ 1,755,135.90	$ -
16					
17				$ (755,135.90)	
18			Will JV to WP	$ 755,135.90	
19			Balance	$ -	
20					
21	Use 96000 32099 AY16 aobj 6335 – for the expenditures related to the bulk purchase of water filters. This is going to be funded with $1.0 M in revenue from DEQ.				
22	The PCA points to the ARF 3200				
23	New coding will need to be established pointing to the state restricted funding in Supplemental PA 143 of 2015				

	F	G	H	I
1				
2	Remaining Enc	Received	Distributed	Remaining
3				
4	$ 349,400.00	20,000	13,008	**6,992**
5	$ 22,492.50	720	409	**311**
6	$ 143,730.00	9,000	3,367	**5,633**
7	$ -	5,706	375	**5,331**
8	$ 11,238.75	375	205	**170**
9	$ 524,100.00	2,000		**2,000**
10	$ 29,990.00			-
11	$ 558,950.00	10,400		10,400
12	$ 40,309.65			-
13	$ 74,925.00			-
14	$ -			-
15	$ 1,755,135.90	48,201	17,364	**30,837**
16				
17				
18				
19				
20				
21				
22				
23				

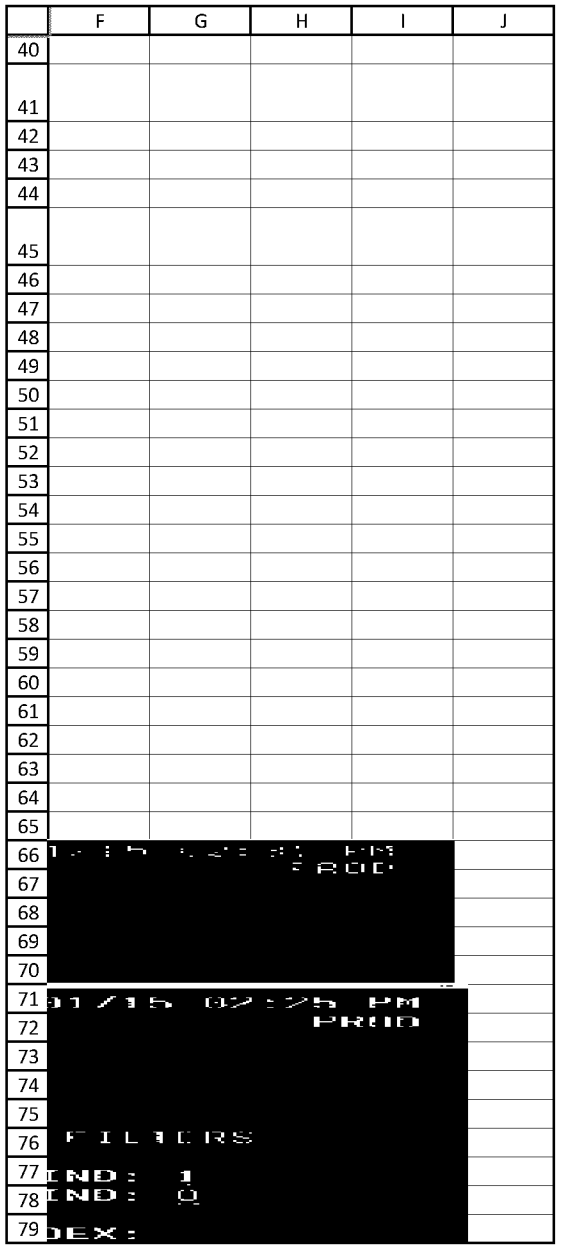
	A	B	C	D	E	F	G	H	I
1	**Summary WP AY15 APPN 32640**			**$ 1,137,055**					
2	Description	Quantity	Unit Price	Original Encumbered	Invoiced	Remaining Enc	Received	Distributed	Remaining
3	JV from AY16 (DEQ Rev)			$ 755,135.90		$ 755,135.90			
4	Ordered PO 431N								
5	Water Filters			$ -		$ -			
6	Water Pitchers			$ -		$ -			
7	Replacement Cartridges - Brita			$ -		$ -			
8	Replacement Cartridges - PUR			$ -		$ -			
9	Replacement Cartridges - Zero			$ -		$ -			
10				$ 755,135.90	$ -	$ 755,135.90			
11									
12		Available funding		$ 381,919.10					
13									
14	Use 96000 32100 AY15 aobj 6335 – for the expenditures related to the vouchers for the DHHS Clients. This is going to be a work project.								
15									
16	The PCA above points to GF/GP								

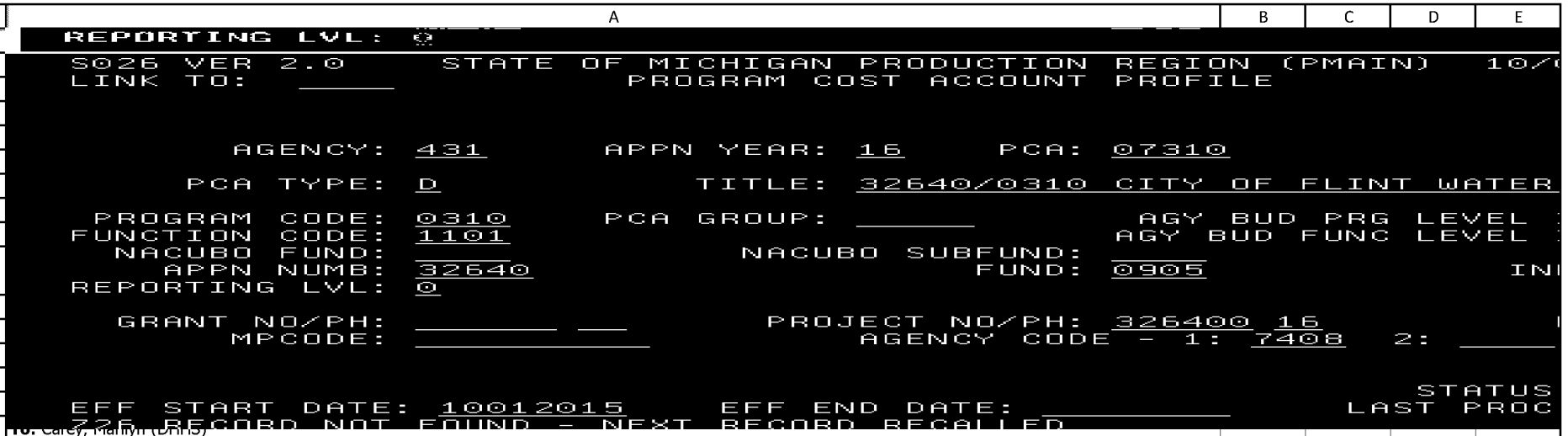
	A	B	C	D	E
1	**From:** Carey, Marilyn (DHHS)				
2	**Sent:** Friday, October 2, 2015 11:15 AM				
3	To: Sanches, Christine (DHHS) <SanchesC@michigan.gov>				
4	**Cc:** Bendele, Steven (DHHS) <BendeleS@michigan.gov>; Kangas, Susan (DHHS) <KangasS1@michigan.gov>; Stephen, Kimberly (DHHS) <STEPHENK@michigan.gov>				
5	**Subject:** RE: Water Coding				
6					
7	Hi Chris,				
8					
9	Please use 96000 32099 AY16 aobj 6335 – for the expenditures related to the bulk purchase of water filters. This is going to be funded with $1.0 M in revenue from DEQ.				
10	Please use 96000 32100 AY15 aobj 6335 – for the expenditures related to the vouchers for the DHHS Clients. This is going to be a work project.				
11					
12	The expenditures will come out of agency 431.				
13					
14					
15	**From:** Bendele, Steven (DHHS)				
16	**Sent:** Friday, October 02, 2015 10:54 AM				
17	**To:** Carey, Marilyn (DHHS)				
18	**Cc:** Sanches, Christine (DHHS)				
19	**Subject:** RE: Water Coding				
20					
21	Related to the conversation we just had …				
22					
23	**From:** Sanches, Christine (DHHS)				
24	**Sent:** Friday, October 02, 2015 10:32 AM				
25	**To:** Bendele, Steven (DHHS)				
26	**Subject:** FW: Water Coding				
27					
28	Can you provide use with the correct account codes to use for the voucher printing.				
29					
30	**From:** Carey, Marilyn (DHHS)				
31	**Sent:** Friday, October 2, 2015 9:52 AM				
32	**To:** Sanches, Christine (DHHS) <SanchesC@michigan.gov>; Stephen, Kimberly (DHHS) <STEPHENK@michigan.gov>				
33	**Subject:** FW: Water Coding				
34					
35	Hello,				
36					
37	This is in agency 431.				
38					
39	The following coding has been established for the City of Flint Water Filters:				

	A	B	C	D	E
40					
41	96000 07310 aobj 1750 to record the revenue from DEQ. This will mean that $1.0M in revenue is going to be recorded there from DEQ. This source of the revenue is Other State Restricted. The aobj is Environmental Pollution Settlements.				
42					
43	The coding for expenditures is 96000 32099 aobj 6335 – Payments in Behalf of Individuals.				
44					
45	If you would like to see the revenues matched to the expenditures please pull a MIDB report for program 0310. That will let you know the balance of revenue remaining.				
46					
47	If you would like more information, please ask.				
48					
49	Thank you,				
50					
51	Marilyn				
52					
53	**From:** Curtis, Colleen (DHHS)				
54	**Sent:** Thursday, October 01, 2015 2:58 PM				
55	**To:** Weiderer, Virginia (DHHS)				
56	**Cc:** Carey, Marilyn (DHHS)				
57	**Subject:** RE: Water Coding				
58					
59	***Gini –***				
60	***This is a RUSH please. I have mocked up screens and provided Index/AOBJ.***				
61	***Please enter in MAIN today as Marilyn must forward the information today.***				
62	***Yell loud if you have any questions.***				
63	***Thank you.***				
64					
65	**Establish new program code 0310 as shown below.**				






PROD
11/15 02:25 PM
PROD
FILDERS
IND: 1
IND: 0
DEX:



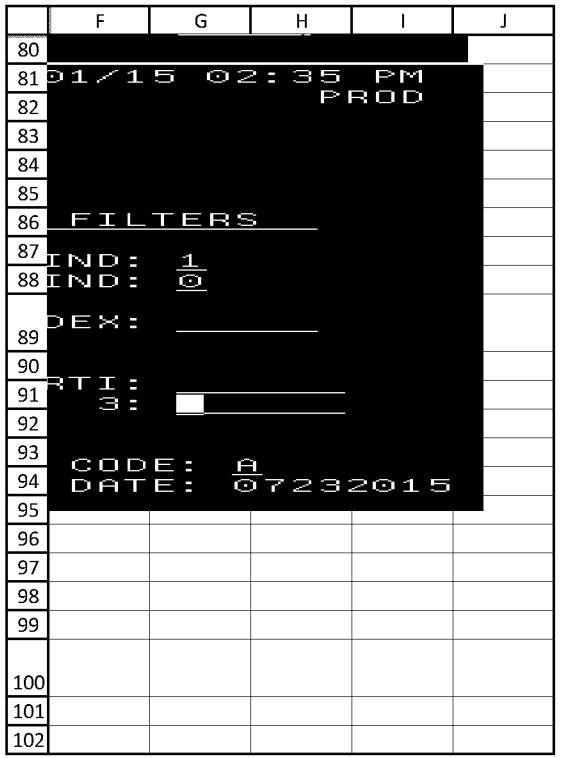
To: Carey, Marilyn (DHHS)

Subject: Water Coding

Marilyn,

I just talked to Paul. If you could send him an email regarding the water filters with coding, he should be able to send over the money. They are sending us revenue.

Steve


01/15 02:35 PM
PROD
FILTERS
IND: 1
IND: 0
DEX:
RTI:
3:
CODE: A
DATE: 07232015

2-2-16 Flint Operations Update

Sheryl –

This morning they went to the Community Resilience Meeting and the Dan Russell meeting and met with Greater Flint Health Coalition with Dr. Mona and CDC. Issue with no one trusting the state. Talked about board of commissioners meeting. Discussed a federal coordinator.

Health clinics – people go in but don't have a medical home. They also don't have transportation. She is going to call Ed Benning from Mass Transportation (Director) and will be public transport.

Need to move out FEMA. Space is a huge issue. Can we move them? DTMB said to help. Media discussed with DHHS employees. What about moving EPA, CDC, and FEMA altogether? She has no room to work and needs her secretary.

Will reach out to Superintendent,

Tomorrow she has a meeting with the Greater Health Flint Coalition.

Richard –

Space problems.

Genesee County Health Department and DHHS phone cal

Working to get locals to take ownership of the distribution of the filters and other water resources. Purchasing will still be done by FEMA. Looking to get a one year supply where FEMA will procure what we need.

Dr. Mona is saying the testing of the water doesn't matter because she claims that it changes.

Also elderly can't open the water bottles and they've obtained some cartons of water. FEMA had water in a can.

Met with Genesee County – Met with MDARD to get it going – establishments labeled high and medium and low risk - 19 high – 156 that were medium. Of those 84 have state jurisdiction and 91 have Genesee County and they arranged that MDARD would do those all as well. They completed 61 as of yesterday and doing another 37 today. The high ones all done.

Talked to DOE - Pathways to Potential and WIC staff in co-locating in schools. DOE said no barriers and they can make it work.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	A	B	C
1	**Expenditure**	**Current Approved Funding**	**October**
2	**Epidemiology Related Expenses**		
3	Supplies	$8,024	
4	Travel	$0	
5	Printing of educational materials for Flint school children.	$10,000	
6	Toxicologist	$34,976	
7	Epidemiologists (3)	$210,000	
8	Health Educator	$32,000	
9	**Subtotal Epidemiology Related Expenses**	**$295,000**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$365,000	$275,000.00
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000	
12	Nurse Family Partnership	$500,000	
13	Water Resources	$6,749,855	
14	Food Inspections	$200,000	
15	Medical Team to Assess Linkages to Legionnaire's	$275,000	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-7-16**	**Balance of Funds Available**
2													
3												$0	$8,024
4		$8.50										$0	$0
5												$0	$10,000
6	$345.51	$5,286.34	$4,471.76									$10,104	$24,872
7	$2,892.79	$9,497.38	$8,220.72									$20,611	$189,389
8	$1,540.99		$2,940.45									$4,481	$27,519
9	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,196**	**$259,804**
10												$275,000	$90,000
11	$70,832.00	$35,416.00	$35,416.00									$141,664	$353,336
12												$500,000	$0
13												$10,257,959	($3,508,104)
14												$0	$200,000
15												$0	$275,000

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	Q	R	S
1	**What has funding been spent on?**	**If spending is not completely exhausted, what is the next step?**	**What is the timeline to begin action?**
2			
3	n/a	n/a	n/a
4	n/a	n/a	n/a
5	n/a	n/a	n/a
6	Salary costs	n/a	n/a
7	Salary costs	n/a	n/a
8	Salary costs	n/a	n/a
9		Salaries will continue to be paid on a rolling basis as the year continues.	Already taking place
10	Ongoing consulting support to conduct environmental lead investigations. So far 25 homes have been investigated.	Progress has lagged due to a lack of applications from families. The department follows up with phone calls and text messages. Several appointments are scheduled for yet this month. There have been difficulties getting into the homes, getting people to keep their appointments, etc. Approximately 65% of appointments have been canceled.	Already taking place
11	Salary costs	Salaries will continue to be paid on a rolling basis as the year continues.	Already taking place
12	Supports the NFP program which supports ongoing home visits from registered nurses to help low income first time moms receive the necessary medical services.	Payment sent on 2/4/16	Already taking place
13	Need to reference SEOC update	Need to reference SEOC update	Need to reference SEOC update
14	Not yet spent	Establishing interagency agreement in order to support environmental teams from MDARD that will inspect restaurants and local establishments.	While IAA being established, DHHS will do an expenditure credit with MDARD - will begin week of 2-7-16.
15			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	A	B	C
16	Lead Abatement	$1,510,000	
17	Nutrition education through Genesee County Health Department	$120,000	
18	Mobile food banks	$1,037,200	
19	Children's Adolescent Health Centers	$650,000	
20	Pathways to Potential expansion (6 success coaches)	$720,000	
21	Children's Healthcare Access Program (CHAP)	$200,000	
22	Co-location of WIC staff / Nutrition and Health Education	$872,000	
23	Lactation consultant	$85,000	
24	Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health	$3,670,000	
25	Michigan Child Care Collaborative (MC3) program into Genesee County	$200,000	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P
16												$105,000	$1,405,000
17												$0	$120,000
18												$100,000	$937,200
19												$0	$650,000
20												$0	$720,000
21												$200,000	$0
22												$0	$872,000
23												$0	$85,000
24												$0	$3,670,000
25												$200,000	$0

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	Q	R	S
16	Cost reflects seven homes in Flint that have been abated.	Lead abatement is a slower process then other initiatives due to the intensity of and length of time it takes to do the work. Department is sensitive to the delay and is working to improve expediency. Work is seasonal so that may be part of the delay.	Already taking place
17			
18		$100,000 Advance sent on 2/4/16	The plan is to have a mobile food bank up and running by March 1.
19			
20	Not yet spent	Work has begun on establishing the 6 new positions. Coordination is underway with the local Genesee Human Services office. Civil Service has been engaged to begin the Lansing hiring process.	Work is being expedited. Staff may be reassigned and backfilled in order to speed up the placement process.
21	Spent on a program that coordinates medical services with providers of low income children to improve health outcomes	Payment sent on 2/4/16	n/a
22	Not yet spent	DHHS has reached out to USDA and continues to push for approval for flexibility of these funds. In the meantime the department is developing a plan consistent with WIC goals to establish health education for children in schools and the community.	
23	Not yet spent	Policy has just been established to hire lactation consultants as certified Medicaid providers.	Plan is to hire consultant in February 2016.
24	Not yet spent	Department is establishing a mechanism for CMH to receive Medicaid funding directly since all Medicaid behavioral health payments go through PIHPs.	
25	Spent on a telemedicine program coordinated through UM where providers connect with patients and families to assist with behavioral health intervention.	Payment sent on 2/4/16	Already taking place

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	A	B	C
26	Crisis counseling through Community Mental Health	$500,000	
27	**Total Flint Water Project**	**$18,444,055**	**$275,000.00**
28			
29	Notes:		
30	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.		
31	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriation of $4,612,800 in 2016 PA 3.		
32	ETC Training Services Group is an Encumbrance		
33	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.		
34			
35			
36			
37			
38			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P
26												$500,000	$0
27	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,314,819**	**$6,129,236**
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT Update as of
February 7, 2016

	Q	R	S
26	Will support services for individuals who don't qualify for Medicaid but who require specific crisis counseling, psychological first aid, and other related services.	Payment sent on 2/4/16	Already taking place
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38		`	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

	A	B	C	D	E	F
1	**Michigan Department of Health and Human Services**					
2	Office of Contracts & Purchasing					
3	Home Depot Order					
4	Prepared By: J. Frank					
5	Date: 1/21/2016					
6						
7						
8	**Products ordered from Purchase Order**					***(A) Products delivered from Purchase Order**
9	**Products description**	**Quantity Ordered**	**Unit Price**	**Total Request**	**DHS319 Received**	**Date Delivered**
10	Brita Tap Water Filters Model FF100	20,000	$17.47	$349,400.00	10/2/2015	10/5/2015
11						10/6/2015
12						1/7/2016
13	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	750	$29.99	$22,492.50	10/6/2015	10/9/2015
14	Brita Single Pack Replacement Cartridges Model FR-200	9,000	$15.97	$143,730.00	10/7/2015	11/2/2015
15	ZeroWater Replacement Filter for Pitchers Model ZD-017	375	$29.97	$11,238.75	11/3/2015	12/14/2015
16	Brita Tap Water Filters Model FF100	30,000	$17.47	$524,100.00	1/11/2016	1/12/2016
17						1/14/2015
18						1/16/2016
19	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	1,000	$29.99	$29,990.00	1/11/2016	1/14/2016
20	Brita Single Pack Replacement Cartridges Model FR-200	35,000	$15.97	$558,950.00	1/11/2016	1/12/2015
21	ZeroWater Replacement Filter for Pitchers Model ZD-017	1,345	$29.97	$40,309.65	1/11/2016	
22	ZeroWater Replacement Filter for Pitchers Model ZD-017	2,500	$29.97	$74,925.00	1/13/2016	
23	Purchase Order Total:	99,970		$1,755,135.90		
24						*(B) Difference between ordered and delivered
25	***(A) Items delivered not on Purchase Order**	**Quantity Delivered**	**Unit Price**	**Total Cost**	**Delivered Date**	
26	PUR replacement filters (1 pack)	5,706	$16.97	$96,830.82	12/1/2015	
27	Brita filter replacement (2 pack)	8,000	$24.87	$198,960.00	1/12/2016	
28	PUR Vertical faucet mounts	10,000	$29.97	$299,700.00	1/13/2016	
29	PUR Horizontal Faucet mounts	2,500	$29.97	$74,925.00	1/13/2016	
30	PUR replacement filters (3 pack)	10,000	$25.98	$ 259,800.00	1/13/2016	
31	PUR replacement filters (1 pack)	10,000	$16.97	$ 169,700.00	1/13/2016	
32	PUR combo packs	10,700	$35.00	$ 374,500.00	1/13/2016	

	G	H	I	J	K
1					
2					
3					
4					
5					
6					
7					
8					
9	**Product Delivered**	**Quantity Delivered**	**Unit Price**	**Total Price**	**Quantity Ordered VS Delivered**
10	Brita Tap Water Filters Model FF100	5,000	$17.47	$87,350.00	0
11	Brita Tap Water Filters Model FF100	10,000	$17.47	$174,700.00	
12	Brita Tap Water Filters Model FF100	5,000	$17.47	$87,350.00	
13	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	720	$29.99	$21,592.80	(30)
14	Brita Single Pack Replacement Cartridges Model FR-200	9,000	$15.97	$143,730.00	0
15	ZeroWater Replacement Filter for Pitchers Model ZD-017	375	$29.97	$11,238.75	0
16	Brita Tap Water Filters Model FF100	2,000	$17.47	$34,940.00	(15,000)
17	Brita faucet mount	5,000	$ 17.47	$ 87,350.00	
18	Brita Faucet mount	8,000	$ 17.47	$ 139,760.00	
19	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	1,300	$29.99	$38,987.00	300
20	Brita Single Pack Replacement Cartridges Model FR-200	2,400	$15.97	$38,328.00	(32,600)
21		-		$0.00	(1,345)
22		-		$0.00	(2,500)
23	Total Delivered from PO Order:			$865,326.55	
24		-$889,809.35			
25					
26	Notes:				
27	*(A) Information confirmed by Home Depot				
28	*(B) Some items not in stock; delivered what was available				
29					
30					
31					
32					

	A	B	C	D	E	F
33	Zero Water pitchers	2,500	$29.99	$ 74,975.00	1/18/2016	
34	PUR Vertical faucet mount	11,000	$29.97	$ 329,670.00	1/14/2016	
35	PUR Horizontal mount	1,500	$29.97	$ 44,955.00	1/14/2016	
36	Brita adv faucet mount white	10,000	$25.97	$ 259,700.00	1/14/2016	
37	Brita adv faucet mount chrome	12,000	$25.97	$ 311,640.00	1/14/2016	
38	PUR replacement filter	15,000	$14.37	$ 215,550.00	1/14/2016	
39	PUR replacement filter	45,000	$35.97	$ 1,618,650.00	1/14/2016	
40	PUR replacement filter	40,000	$25.98	$ 1,039,200.00	1/14/2016	
41	PUR replacement filter	16,000	$16.47	$ 263,520.00	1/14/2016	
42	Brita replacement filter	1,600	$28.19	$ 45,104.00	1/14/2016	
43	PUR Advanced faucet mount	5,000	$26.47	$ 132,350.00	1/14/2016	
44	PUR replacement filter	20,000	$26.63	$ 532,600.00	1/14/2016	
45	Brita adv faucet system	8,000	$25.97	$ 207,760.00	1/16/2016	
46	PUR faucet mount w/1 filter	15,000	$21.19	$ 317,850.00	1/16/2016	
47	PUR replacement filter 1 pack	15,000	$14.37	$ 215,550.00	1/16/2016	
48	PUR faucet mount w/1 filter	15,000	$29.97	$ 449,550.00	1/16/2016	
49	PUR replacement filter 1 pack	15,000	$16.47	$ 247,050.00	1/16/2016	
50	Zero water J-20 filter cartridges (4 pack)	2,500	$49.00	$ 122,500.00	1/18/2016	
51	Zero Water 23 cup pitcher ZD-018	2,808	$39.97	$ 112,235.76	1/22/2016	
52	Zero Water 23 cup pitcher ZD-018	2,808	$39.97	$ 112,235.76	1/25/2016	
53	24 pack bottled water	114,912	$3.27	$ 375,762.24	Ongoing	
54	Total Quantity Ordered	427,534	Total:	$8,502,823.58		
55	Minus bottled water	(114,912)				
56	Total Quantity Ordered without bottled water	312,622	Total Ordered	$10,257,959.48		
57						
58	Total DHHS Purchase Orders and Other Quantity Ordered (without bottled water)	412,592				

	G	H	I	J	K
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54	Total delivered not on PO			$8,502,823.58	
55					
56	Total Delivered			$9,368,150.13	
57					
58					

	A	B	C	D	E	F
1	Line 1	Brita Tap Water Filters Model FF100	5000	$17.47	$87,350.00	10/5/2015
2	Line 1	Brita Tap Water Filters Model FF100	10000	$17.47	$174,700.00	10/6/2015
3	Line 1	Brita Tap Water Filters Model FF100	5000	$17.47	$87,350.00	1/7/2016
4	Line 1	Brita Tap Water Filters Model FF100	2000	$17.47	$34,940.00	1/12/2016
5	Line 1	Brita Tap Water Filters Model FF100	5,000	$ 17.47	$ 87,350.00	1/14/2015
6	Line 1	Brita Tap Water Filters Model FF100	8,000	$ 17.47	$ 139,760.00	1/16/2016
7			35,000		$611,450.00	
8						
9	Line 2	Zero Water pitchers	2,500	$ 29.99	$ 74,975.00	1/18/2016
10	Line 2	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	720	$29.99	$21,592.80	10/9/2015
11	Line 2	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	1300	$29.99	$38,987.00	1/14/2016
12						
13						
14	Line 3	Brita Single Pack Replacement Cartridges Model FR-200	9000	$15.97	$143,730.00	11/2/2015
15	Line 3	Brita Single Pack Replacement Cartridges Model FR-200	2400	$15.97	$38,328.00	1/12/2015
16						
17						
18	Line 4	ZeroWater Replacement Filter for Pitchers Model ZD-017	375	$29.97	$11,238.75	12/14/2015
19						
20						
21		24 pack bottled water	114,912	$ 3.27	$ 375,762.24	Ongoing
22						
23		Brita adv faucet mount chrome	12,000	$ 25.97	$ 311,640.00	1/14/2016
24		Brita adv faucet mount white	10,000	$ 25.97	$ 259,700.00	1/14/2016
25		Brita adv faucet system	8,000	$ 25.97	$ 207,760.00	1/16/2016
26						
27						
28		Brita filter replacement (2 pack)	8000	$24.87	$198,960.00	1/12/2016
29						
30		Brita replacement filter	1,600	$ 28.19	$ 45,104.00	1/14/2016
31						

	A	B	C	D	E	F
32		PUR Advanced faucet mount	5,000	$ 26.47	$ 132,350.00	1/14/2016
33						
34		PUR combo packs	10,700	$ 35.00	$ 374,500.00	1/13/2016
35						
36		PUR faucet mount w/1 filter	15,000	$ 21.19	$ 317,850.00	1/16/2016
37						
38		PUR faucet mount w/1 filter	15,000	$ 29.97	$ 449,550.00	1/16/2016
39						
40		PUR Horizontal Faucet mounts	2500	$29.97	$74,925.00	1/13/2016
41		PUR Horizontal mount	1,500	$ 29.97	$ 44,955.00	1/14/2016
42						
43		PUR replacement filter	15,000	$ 14.37	$ 215,550.00	1/14/2016
44						
45		PUR replacement filter	16,000	$ 16.47	$ 263,520.00	1/14/2016
46						
47		PUR replacement filter	40,000	$ 25.98	$ 1,039,200.00	1/14/2016
48						
49		PUR replacement filter	20,000	$ 26.63	$ 532,600.00	1/14/2016
50						
51		PUR replacement filter	45,000	$ 35.97	$ 1,618,650.00	1/14/2016
52						
53		PUR replacement filter 1 pack	15,000	$ 14.37	$ 215,550.00	1/16/2016
54						
55		PUR replacement filter 1 pack	15,000	$ 16.47	$ 247,050.00	1/16/2016
56						
57		PUR replacement filters (1 pack)	5706	$16.97	$96,830.82	12/1/2015
58		PUR replacement filters (1 pack)	10,000	$ 16.97	$ 169,700.00	1/13/2016
59						
60						
61		PUR replacement filters (3 pack)	10,000	$ 25.98	$ 259,800.00	1/13/2016
62						
63		PUR Vertical faucet mount	11,000	$ 29.97	$ 329,670.00	1/14/2016
64		PUR Vertical faucet mounts	10000	$29.97	$299,700.00	1/13/2016

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F	G	H	I
1	**Expenditure**	**Budget**	**October**	**November**	**December**	**January**	**February though 02/05/2016**	**March**	**April**
2	**Epidemiology Administration (PCA # 84470)**								
3	Supplies	$8,024							
4	Travel				$8.50				
5	Educational Materials	$10,000							
6	Jennifer Gray - Toxicologist	$34,976		$345.51	$5,286.34	$4,471.76			
7	Courtney Wisinski - Industrial Hygenist	$65,000		$2,892.79	$9,497.38	$8,220.72			
8	MPHI - Michelle Bruneau - Health Educator	$32,000		$1,540.99		$2,940.45			
9	**Sub Total Epi Administration**	**$150,000**	**$0.00**	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00						
11	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000		$70,832.00	$35,416.00	$35,416.00			
12	**Total Flint Water Project**	**$850,000**	**$275,000.00**	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**
13									
14									
15	Note: $266,660.5 of ETC Training Services Group total is an Encumbrance.								
16									
17									
18									
19									
20									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	J	K	L	M	N	O	P	Q	R	S	T
1	**May**	**June**	**July**	**August**	**September**	**Year to Date through 1-31-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**		
2											
3						$0.00		$0.00	$8,024.00		
4						$8.50		$8.50	($8.50)		
5						$0.00		$0.00	$10,000.00		
6						$10,103.61	$24,872.39	$34,976.00	$0.00		
7						$20,610.89	$44,389.11	$65,000.00	$0.00		
8						$4,481.44	$27,518.56	$32,000.00	$0.00		
9	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,204.44**	**$96,780.06**	**$131,984.50**	**$18,015.50**		
10						$275,000.00	$0.00	$275,000.00	$0.00		
11						$141,664.00	$283,336.00	$425,000.00	$0.00		
12	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$451,868.44**	**$380,116.06**	**$831,984.50**	**$18,015.50**		
13						$516,738.23	80 screeen 2/5/16				
14						$64,869.79					
15						$56,127.54	Rick				
16						$8,742.25	Salary $4,896.06 Fringes $3,846.19				
17						$4,678.22					
18											
19											
20											

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

	A	B	C	D
1			**Operations Tracking of DHHS FY16 Flint Related Initiatives**	
2			**Report as of 1/29/16**	
3				
4			**Initiatives by Program Area**	**Estimated / Budgeted Costs**
5		**Vehicle**	**Physical Health**	
6	1	Fed Ask	1115 Waiver for Expanded Eligibility: All children under 21 regardless of income in the impacted zip codes. ** If commercial coverage is available, provide Medicaid wrap services	
7	2	Fed Ask	Expanded Medicaid Benefits: Provide Dietician and Breastfeeding Services/counseling for Flint Medicaid Recipients (SPA/Waiver for statewide implementation if needed)	
8				
9			**Behavioral Health**	
10	3	Fed Ask	Behavioral health - technical assistance for DHHS and the Genesee Health System (Community Mental Health) for needs assessment; immediate, intermediate and long term planning; and behavioral health specific messaging.	
11	4	Fed Ask	Support for continued expansion of local Psychological First Aid resources.	
12	5	Jan supp	Behavioral Health treatment to fund crisis and treatment services. Expand the Michigan Child Care Collaborative (MC3) program into Genesee County.	$ 3,870,000
13	6	Jan supp	Additional crisis counseling monies for CMH	$ 500,000
14	7	Feb supp	Support Cognitive Behavioral Therapy services for kids	$ 8,000,000
15				
16			**Nutrional Health**	
17	8	Fed Ask	Expand WIC for city of Flint children, to those 5-10 years of age.	
18	9	Fed Ask	Expand use of WIC/Food Assistance for Farmer's Markets/Food Banks/Mobile Food Banks.	
19	10	Fed Ask	Provide technical assistance to WIC staff on lead and assess ongoing adequacy of nutrition resources; assist with obtaining additional resources as needed.	
20	11	Fed Ask	Funding for development and implementation of a wichealth.org lesson module on nutrition and lead (many WIC clients access nutrition education online through wichealth.org).	
21	12	Fed Ask	Lactation Support - Provide additional federal resources to the WIC program to augment WIC peer counseling and utilize existing staff in more dedicated lactation support role.	
22	13	Fed Ask	Assistance with nutrition planning for the inclusion of private industry to address the food desert.	
23	14	Jan Supp	Food Inspections - Interagency agreement with MDARD	$ 200,000
24	15	Jan Supp	Expand WIC and co-locate staff in schools to support nutrition education and counseling.	$ 957,000
25	16	Feb Supp	Support a mobile food bank, funding for a dietician, and increase in Double Up Food Bucks	$ 860,000
26				
27			**Inspections and Abatement**	

	E	F	G	H	I	J
1						
2						
3						
4	**Administration Responsible for Oversight**	**Entity Responsible for Implementation**	**Priority**	**Status as of 2-1-16**	**Actual Spending as of 2-1-16**	**Expected Outcomes**
5						
6	MSA	HMOs		Discussions ongoing with federal government		
7	MSA	HMOs		Discussions ongoing with federal government		
8						
9						
10	BH/DDA	CMH	High	Discussions ongoing with federal government		
11	BH/DDA	CMH		Discussions ongoing with federal government		
12	BH/DDA	CMH/UM				
13	BH/DDA	CMH				
14	BH/DDA	CMH		Pending FY17 Executive Budget		
15						
16						
17	PH/CS	Food Bank Council/Other		Letter advanced to USDA requesting expansion		
18	PH/CS	Food Bank Council/Other	High	Discussions ongoing with federal government		
19	PH/CS	Food Bank Council/Other	High	Discussions ongoing with federal government		
20	PH/CS			Discussions ongoing with federal government		
21	PH/CS	Medicaid Provider Enrollment		Discussions ongoing with federal government		
22	PH/CS	Food Bank Council/Other		Discussions ongoing with federal government		
23	MDARD			MDARD to execute		
24	PH/CS	Food Bank Council/Other				
25	PH/CS	Food Bank Council		Pending FY17 Executive Budget		
26						
27						

	A	B	C	D
28	17	Fed Ask	Lead Abatement through an 1115 waiver financed by a "designated state health program." The State funded program "Healthy Homes" – currently at $1.8m General Fund (GF), but this would allow Medicaid match for all GF. Abatement includes: a. The removal of lead hazards, permanent enclosure or encapsulation of lead based paint, replacement of surfaces or fixtures, removal or covering of soil lead hazards, and all post-abatement clearance testing activities. b. DSHPs are health programs funded by the state, many of which provide safety-net health care services for low-income or uninsured individuals such as adult day care, outpatient substance abuse treatment or care for the mentally ill who are not eligible for Medicaid. CMS has approved DSHP for use in states (e.g. OR), although not for lead abatement	
29	18	Oct Supp	Contract with ETC Training Services Group to conduct Environmental Blood Lead Investigations	$ 275,000
30	19	Jan Supp	Additional funds for contract with ETC to conduct additional EBL investigations	$ 90,000
31	20	Jan Supp	Lead Abatement of Homes	$ 1,510,000
32				
33			**Data and Surveillance**	
34	21	Fed Ask	Mobilize an EPI Aid Team to support a comprehensive community health needs assessment.	
35	22	Fed Ask	Technical assistance to evaluate the childhood lead poisoning prevention program (CLPPP) including examination of options for case definitions; methods to assess data trends such as the use of Shewart charts; and methods to view changes in blood lead data over time, including the ability to adjust for seasonal variation when needed.	
36	23	Fed Ask	Technical assistance in the development of a long term lead surveillance strategy which includes a diverse set of data sources such as medical information found on birth records, data from the birth defects registry and other data sources that may be useful to public health researchers. **Database for long-term monitoring and follow-up surveillance **Case Management Software **Enhanced capacity for laboratory surge for environmental and blood-lead testing through Epi Lab Capacity federal funding	
37	24	Fed Ask	Technical assistance to develop a methodology to assess past lead exposure.	
38	25	Fed Ask	Technical assistance on the use of dried blood spots to examine lead.	
39	26	Fed Ask	Planning assistance on assay validation/proficiency testing/staff competency.	
40	27	Fed Ask	Technical assistance to support the development of guidance and tools to identify buildings that are deemed high risk for the transmission of pathogens such as Legionella.	
41	28	Fed Ask	Technical assistance to develop a strategy for improving prevention, rapid detection and timely reporting of cases of Legionellosis in MI long-term.	
42	29	Fed Ask	Consultation on developing residential water sampling protocols, assessment of water sources and interpretation of results where elevated blood levels are detected.	
43	30	Fed Ask	Establish quality assurance system to verify safe water sources at impacted homes, schools and businesses.	
44	31	Oct Supp	Genesee County Health Department - Emergency Elevated Lead Management in Flint	$ 425,000
45	32	Oct Supp	Provide resources for Epidemiology Administration to support CSS&M, salary and MPHI costs	$ 150,000

	E	F	G	H	I	J
28	PH/CS and MSA	Local Consultants/SOM		Discussions ongoing with federal government		
29	PH/CS	ETC		1-26-16 Update: 21 Homes investigated	invoices pending	Need to intensify number of homes investigated.
30	PH/CS	ETC		Pending Senate passage		
31	PH/CS	Local Consultants/SOM		Pending Senate passage		
32						
33						
34	PH/CS			Discussions ongoing with federal government		
35	PH/CS			Discussions ongoing with federal government		
36	PH/CS			Discussions ongoing with federal government		
37	PH/CS			Discussions ongoing with federal government		
38	PH/CS			Discussions ongoing with federal government		
39	PH/CS			Discussions ongoing with federal government		
40	PH/CS		High	Discussions ongoing with federal government		
41	PH/CS		High	Discussions ongoing with federal government		
42	PH/CS			Discussions ongoing with federal government		
43	PH/CS			Discussions ongoing with federal government		
44	PH/CS	GCHD		GCHD initiatives used to support lead management include…	$ 141,664	
45	PH/CS	MPHI		Salaries being supported. No purchases yet for supplies, travel, or educational materials	$ 35,204	

	A	B	C	D
46	33	Jan Supp	Epidemiologist salaries to conduct analysis of blood lead levels and address broader areas beyond the City of Flint.	$ 145,000
47	34	Jan Supp	Contract costs to support team of experts that will assess linkages from the increase in Legionnarie's disease	$ 275,000
48				
49			**Children's Services**	
50	35	Fed Ask	Discretionary emergency funds aside from our regular flex fund sources (CP/CP, SFSC, etc.) for the following items: ** Food cards-clients are using BRIDGE cards for water, leaving little left for food. ** Gas card clients need to have access to resources and attend medical appointments for follow up specific to lead exposure ** Bus passes-same purpose/intent as above	
51	36	Fed Ask	Increase match temporarily with Title IV-E funds to support five additional staff for Child Welfare and Cash District offices to track, monitor and follow up with clients.	
52	37	Fed Ask	Grant a limited term administrative rate increase to primary Placement Agency Foster Care (PAFC) contracts.	
53	38	Fed Ask	Augment resources to include healthcare personnel or federal teams to conduct additional blood lead level testing sites.	
54	39	Fed Ask	SMEs to assist with development of safe water (lead) toolkit that includes ways to identify cognitive effects of lead in children with planned distribution to healthcare providers, schools, and day care agencies.	
55	40	Fed Ask	Assistance in building a trauma-informed child- and family-service system. All in system need to recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.	
56				
57			**Expand Access to Services**	
58	41	Fed Ask	Enhanced Medicaid Transportation Services: Funding to support non-emergency transportation vendor for the city. Could extend Logisticare and/or demo a MTA project through additional resources (possible waiver).	
59	42	Fed Ask	Targeted Case Management (either through SPA or Waiver): roughly 1000 children are not transitioning to MHPs from FFS, and MHPs primarily conduct telephonic case management.	
60	43	Fed Ask	Assistance with CMS reimbursement for integrated mobile healthcare/community paramedic.	
61	44	Fed Ask	Assistance in developing a comprehensive plan to accelerate lead testing among children 0-6 years of age.	
62	45	Fed Ask	Assistance with recruitment and retention of pediatric health care professionals including behavioral health.	
63	46	Jan Supp	Expand Child and Adolescent Health Centers, Expand Pathways to 5 more FTEs	$ 1,470,000
64	47	Jan Supp	Nurse Case Managers (need more description here)	$ 70,000
65	48	Feb Supp	In Home Visiting Programs (need more description here)	$ 520,000
66				
67			**Education and Outreach**	
68	49	Fed Ask	Utilization of CDC experts in interviews with the media and in meeting with the public regarding legionella, lead, and bathing.	
69	50	Fed Ask	Establish opportunities to gather feedback from the community, allow community to speak with experts/staff.	
70	51	Fed Ask	Provide training for staff and providers via webinar on water filters, cartridge replacement, water pitchers and blood lead level.	
71	52	Fed Ask	Identify an expert available to staff and providers to answer questions specific to lead in the water and products available to purify water.	

	E	F	G	H	I	J
46	PH/CS	Public Health Lab		Pending Senate passage		
47	PH/CS	Wayne State University / Shawm McLemara		Pending Senate passage		
48						
49						
50	CSA			Discussions ongoing with federal government		
51	CSA			Discussions ongoing with federal government		
52	CSA			Discussions ongoing with federal government		
53	CSA			Discussions ongoing with federal government		
54	CSA			Discussions ongoing with federal government		
55	CSA			Discussions ongoing with federal government		
56						
57						
58	MSA		High	Discussions ongoing with federal government		
59	MSA		High	Discussions ongoing with federal government		
60	MSA			Discussions ongoing with federal government		
61	MSA			Discussions ongoing with federal government		
62	MSA			Discussions ongoing with federal government		
63	PH/CS			Pending Senate passage		
64	PH/CS			Pending Senate passage		
65	PH/CS			Pending FY17 Executive Budget		
66						
67						
68	PH/CS			Discussions ongoing with federal government		
69	PH/CS			Discussions ongoing with federal government		
70	PH/CS		High	Discussions ongoing with federal government		
71	PH/CS			Discussions ongoing with federal government		

	A	B	C	D
72	53	Fed Ask	Assistance with development of Public Service Announcements utilizing known/trusted sources.	
73	54	Fed Ask	Informatics in clear format to demonstrate testing results etc.	
74	55	Fed Ask	Establish avenues for public interaction and information exchange beyond social media with capacity to surge during an incident.	
75	56	Fed Ask	Crisis communications response training for Department PIOs and leadership.	
76	57	Fed Ask	Recovery- Provide federal resources to assist local and state with long term recovery. 2-FTE for health and 2-FTE for human services.	
77	58	Fed Ask	Assist with and advise for engagement of public and private organizations that represent the functional, cultural and socio-economic needs of these at risk individuals.	
78	59	Fed Ask	BSN prepared nurses to supervise student nurses rotating through Flint and providing community outreach and intervention to residents. This is a request from Genesee County Health Department.	
79	60	Fed Ask	Expansion of the HAN or development of communication system to include Health Care Providers.	
80	61	Fed Ask	Statewide symposium to address issues with short and long term issues with lead poisoning in children.	
81	62	Fed Ask	Conduct Clinician Outreach and Communication Activity (COCA) webinars to increase outreach to healthcare providers.	
82	63	Jan Supp	Increase community education	$ 120,000
83				
84			**Medical Care and Supplies**	
85		Oct Supp	Water related purchases	$ 2,137,055
86		Jan Supp	Water related purchases	$ 8,000,000
87				
88			**Total FY16 Funding (Gross)**	**$ 29,574,055**

	E	F	G	H	I	J
72	PH/CS			Discussions ongoing with federal government		
73	PH/CS			Discussions ongoing with federal government		
74	COMMS			Discussions ongoing with federal government		
75	COMMS			Discussions ongoing with federal government		
76	PH/CS			Discussions ongoing with federal government		
77	COMMS			Discussions ongoing with federal government		
78	PH/CS			Discussions ongoing with federal government		
79	PH/CS			Discussions ongoing with federal government		
80	PH/CS			Discussions ongoing with federal government		
81	PH/CS			Discussions ongoing with federal government		
82	PH/CS			Pending Senate passage		
83						
84						
85	SEOC				$ 10,257,959	
86	SEOC					
87						
88						

	A	B
1		
2		
3		
4		
5		**Vehicle**
6	1	Fed Ask
7	2	Fed Ask
8		
9		
10	3	Fed Ask
11	4	Fed Ask
12	5	Jan supp
13	6	Jan supp
14	7	Feb supp
15		
16		
17	8	Fed Ask
18	9	Fed Ask
19	10	Fed Ask
20	11	Fed Ask
21	12	Fed Ask
22	13	Fed Ask
23	14	Jan Supp
24	15	Jan Supp
25	16	Feb Supp
26		
27		

	C	D
1	**Operations Tracking of DHHS FY16 Flint Related Initiatives**	
2	**Report as of 1/26/16**	
3		
4	**Initiatives by Program Area**	**Estimated / Budgeted Costs**
5	**Physical Health**	
6	1115 Waiver for Expanded Eligibility: All children under 21 regardless of income in the impacted zip codes. ** If commercial coverage is available, provide Medicaid wrap services	
7	Expanded Medicaid Benefits: Provide Dietician and Breastfeeding Services/counseling for Flint Medicaid Recipients (SPA/Waiver for statewide implementation if needed)	
8		
9	**Behavioral Health**	
10	Behavioral health - technical assistance for DHHS and the Genesee Health System (Community Mental Health) for needs assessment; immediate, intermediate and long term planning; and behavioral health specific messaging.	
11	Support for continued expansion of local Psychological First Aid resources.	
12	Behavioral Health treatment to fund crisis and treatment services. Expand the Michigan Child Care Collaborative (MC3) program into Genesee County.	$ 3,870,000
13	Additional crisis counseling monies for CMH	$ 500,000
14	Support Cognitive Behavioral Therapy services for kids	$ 8,000,000
15		
16	**Nutrional Health**	
17	Expand WIC for city of Flint children, to those 5-10 years of age.	
18	Expand use of WIC/Food Assistance for Farmer's Markets/Food Banks/Mobile Food Banks.	
19	Provide technical assistance to WIC staff on lead and assess ongoing adequacy of nutrition resources; assist with obtaining additional resources as needed.	
20	Funding for development and implementation of a wichealth.org lesson module on nutrition and lead (many WIC clients access nutrition education online through wichealth.org).	
21	Lactation Support - Provide additional federal resources to the WIC program to augment WIC peer counseling and utilize existing staff in more dedicated lactation support role.	
22	Assistance with nutrition planning for the inclusion of private industry to address the food desert.	
23	Food Inspections - Interagency agreement with MDARD	$ 200,000
24	Expand WIC and co-locate staff in schools to support nutrition education and counseling.	$ 957,000
25	Support a mobile food bank, funding for a dietician, and increase in Double Up Food Bucks	$ 860,000
26		
27	**Inspections and Abatement**	

	E	F	G	H
1				
2				
3				
4	**Status as of 1-26-16**	**Actual Spending as of 1-26-16**	**Next Steps**	**Area Handling**
5				
6	Discussions ongoing with federal government			
7	Discussions ongoing with federal government			
8				
9				
10	Discussions ongoing with federal government			BH
11	Discussions ongoing with federal government			BH
12	Pending Senate passage			BH
13	Pending Senate passage			BH
14	Pending FY17 Executive Budget			BH
15				
16				
17	Letter advanced to USDA requesting expansion			
18	Discussions ongoing with federal government			
19	Discussions ongoing with federal government			
20	Discussions ongoing with federal government			
21	Discussions ongoing with federal government			
22	Discussions ongoing with federal government			
23	MDARD to execute			
24	Pending Senate passage and discussions with federal government			
25	Pending FY17 Executive Budget			
26				
27				

	A	B
28	17	Fed Ask
29	18	Oct Supp
30	19	Jan Supp
31	20	Jan Supp
32		
33		
34	21	Fed Ask
35	22	Fed Ask
36	23	Fed Ask
37	24	Fed Ask
38	25	Fed Ask
39	26	Fed Ask
40	27	Fed Ask
41	28	Fed Ask
42	29	Fed Ask
43	30	Fed Ask
44	31	Oct Supp
45	32	Oct Supp
46	33	Jan Supp

<<AUTODATE >>
<<AUTODATE >>

	C	D
28	Lead Abatement through an 1115 waiver financed by a "designated state health program." The State funded program "Healthy Homes" – currently at $1.8m General Fund (GF), but this would allow Medicaid match for all GF. Abatement includes: a. The removal of lead hazards, permanent enclosure or encapsulation of lead based paint, replacement of surfaces or fixtures, removal or covering of soil lead hazards, and all post-abatement clearance testing activities. b. DSHPs are health programs funded by the state, many of which provide safety-net health care services for low-income or uninsured individuals such as adult day care, outpatient substance abuse treatment or care for the mentally ill who are not eligible for Medicaid. CMS has approved DSHP for use in states (e.g. OR), although not for lead abatement	
29	Contract with ETC Training Services Group to conduct Environmental Blood Lead Investigations	$ 275,000
30	Additional funds for contract with ETC to conduct additional EBL investigations	$ 90,000
31	Lead Abatement of Homes	$ 1,510,000
32		
33	**Data and Surveillance**	
34	Mobilize an EPI Aid Team to support a comprehensive community health needs assessment.	
35	Technical assistance to evaluate the childhood lead poisoning prevention program (CLPPP) including examination of options for case definitions; methods to assess data trends such as the use of Shewart charts; and methods to view changes in blood lead data over time, including the ability to adjust for seasonal variation when needed.	
36	Technical assistance in the development of a long term lead surveillance strategy which includes a diverse set of data sources such as medical information found on birth records, data from the birth defects registry and other data sources that may be useful to public health researchers. **Database for long-term monitoring and follow-up surveillance **Case Management Software **Enhanced capacity for laboratory surge for environmental and blood-lead testing through Epi Lab Capacity federal funding	
37	Technical assistance to develop a methodology to assess past lead exposure.	
38	Technical assistance on the use of dried blood spots to examine lead.	
39	Planning assistance on assay validation/proficiency testing/staff competency.	
40	Technical assistance to support the development of guidance and tools to identify buildings that are deemed high risk for the transmission of pathogens such as Legionella.	
41	Technical assistance to develop a strategy for improving prevention, rapid detection and timely reporting of cases of Legionellosis in MI long-term.	
42	Consultation on developing residential water sampling protocols, assessment of water sources and interpretation of results where elevated blood levels are detected.	
43	Establish quality assurance system to verify safe water sources at impacted homes, schools and businesses.	
44	Genesee County Health Department - Emergency Elevated Lead Management in Flint	$ 425,000
45	Provide resources for Epidemiology Administration to support CSS&M, salary and MPHI costs	$ 150,000
46	Epidemiologist salaries to conduct analysis of blood lead levels and address broader areas beyond the City of Flint.	$ 145,000

	E	F	G	H
28	Discussions ongoing with federal government			
29	1-26-16 Update: 21 Homes investigated	invoices pending	Need to intensify number of homes investigated.	
30	Pending Senate passage			
31	Pending Senate passage			
32				
33				
34	Discussions ongoing with federal government			
35	Discussions ongoing with federal government			
36	Discussions ongoing with federal government			
37	Discussions ongoing with federal government			
38	Discussions ongoing with federal government			
39	Discussions ongoing with federal government			
40	Discussions ongoing with federal government			
41	Discussions ongoing with federal government			
42	Discussions ongoing with federal government			
43	Discussions ongoing with federal government			
44	GCHD initiatives used to support lead management include…	$ 141,664		
45	Salaries being supported. No purchases yet for supplies, travel, or educational materials	$ 35,204		
46	Pending Senate passage			

	A	B
47	34	Jan Supp
48		
49		
50	35	Fed Ask
51	36	Fed Ask
52	37	Fed Ask
53	38	Fed Ask
54	39	Fed Ask
55	40	Fed Ask
56		
57		
58	41	Fed Ask
59	42	Fed Ask
60	43	Fed Ask
61	44	Fed Ask
62	45	Fed Ask
63	46	Jan Supp
64	47	Jan Supp
65	48	Feb Supp
66		
67		
68	49	Fed Ask
69	50	Fed Ask
70	51	Fed Ask
71	52	Fed Ask
72	53	Fed Ask
73	54	Fed Ask

<<AUTODATE >>
<<AUTODATE >>

	C	D
47	Contract costs to support team of experts that will assess linkages from the increase in Legionnarie's disease	$ 275,000
48		
49	**Children's Services**	
50	Discretionary emergency funds aside from our regular flex fund sources (CP/CP, SFSC, etc.) for the following items: ** Food cards-clients are using BRIDGE cards for water, leaving little left for food. ** Gas card clients need to have access to resources and attend medical appointments for follow up specific to lead exposure ** Bus passes-same purpose/intent as above	
51	Increase match temporarily with Title IV-E funds to support five additional staff for Child Welfare and Cash District offices to track, monitor and follow up with clients.	
52	Grant a limited term administrative rate increase to primary Placement Agency Foster Care (PAFC) contracts.	
53	Augment resources to include healthcare personnel or federal teams to conduct additional blood lead level testing sites.	
54	SMEs to assist with development of safe water (lead) toolkit that includes ways to identify cognitive effects of lead in children with planned distribution to healthcare providers, schools, and day care agencies.	
55	Assistance in building a trauma-informed child- and family-service system. All in system need to recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.	
56		
57	**Expand Access to Services**	
58	Enhanced Medicaid Transportation Services: Funding to support non-emergency transportation vendor for the city. Could extend Logisticare and/or demo a MTA project through additional resources (possible waiver).	
59	Targeted Case Management (either through SPA or Waiver): roughly 1000 children are not transitioning to MHPs from FFS, and MHPs primarily conduct telephonic case management.	
60	Assistance with CMS reimbursement for integrated mobile healthcare/community paramedic.	
61	Assistance in developing a comprehensive plan to accelerate lead testing among children 0-6 years of age.	
62	Assistance with recruitment and retention of pediatric health care professionals including behavioral health.	
63	Expand Child and Adolescent Health Centers, Expand Pathways to 5 more FTEs	$ 1,470,000
64	Nurse Case Managers (need more description here)	$ 70,000
65	In Home Visiting Programs (need more description here)	$ 520,000
66		
67	**Education and Outreach**	
68	Utilization of CDC experts in interviews with the media and in meeting with the public regarding legionella, lead, and bathing.	
69	Establish opportunities to gather feedback from the community, allow community to speak with experts/staff.	
70	Provide training for staff and providers via webinar on water filters, cartridge replacement, water pitchers and blood lead level.	
71	Identify an expert available to staff and providers to answer questions specific to lead in the water and products available to purify water.	
72	Assistance with development of Public Service Announcements utilizing known/trusted sources.	
73	Informatics in clear format to demonstrate testing results etc.	

	E	F	G	H
47	Pending Senate passage			
48				
49				
50	Discussions ongoing with federal government			CS
51	Discussions ongoing with federal government			CS
52	Discussions ongoing with federal government			CS
53	Discussions ongoing with federal government			CS
54	Discussions ongoing with federal government			CS
55	Discussions ongoing with federal government			CS
56				
57				
58	Discussions ongoing with federal government			
59	Discussions ongoing with federal government			
60	Discussions ongoing with federal government			
61	Discussions ongoing with federal government			
62	Discussions ongoing with federal government			
63	Pending Senate passage			
64	Pending Senate passage			
65	Pending FY17 Executive Budget			
66				
67				
68	Discussions ongoing with federal government			COMM
69	Discussions ongoing with federal government			COMM
70	Discussions ongoing with federal government			COMM
71	Discussions ongoing with federal government			COMM
72	Discussions ongoing with federal government			COMM
73	Discussions ongoing with federal government			COMM

<<AUTODATE >>
<<AUTODATE >>

	A	B
74	55	Fed Ask
75	56	Fed Ask
76	57	Fed Ask
77	58	Fed Ask
78	59	Fed Ask
79	60	Fed Ask
80	61	Fed Ask
81	62	Fed Ask
82	63	Jan Supp
83		
84		
85		Oct Supp
86		Jan Supp
87		
88		
89		
90		
91		
92	Added from FY16 spreadsheet	
93	1	
94	**2**	
95		
96		
97	`	
98		
99	**5**	
100		
101		
102		
103		
104		

<<AUTODATE >>
<<AUTODATE >>

	C	D
74	Establish avenues for public interaction and information exchange beyond social media with capacity to surge during an incident.	
75	Crisis communications response training for Department PIOs and leadership.	
76	Recovery- Provide federal resources to assist local and state with long term recovery. 2-FTE for health and 2-FTE for human services.	
77	Assist with and advise for engagement of public and private organizations that represent the functional, cultural and socio-economic needs of these at risk individuals.	
78	BSN prepared nurses to supervise student nurses rotating through Flint and providing community outreach and intervention to residents. This is a request from Genesee County Health Department.	
79	Expansion of the HAN or development of communication system to include Health Care Providers.	
80	Statewide symposium to address issues with short and long term issues with lead poisoning in children.	
81	Conduct Clinician Outreach and Communication Activity (COCA) webinars to increase outreach to healthcare providers.	
82	Increase community education	$ 120,000
83		
84	**Medical Care and Supplies**	
85	Water related purchases	$ 2,137,055
86	Water related purchases	$ 8,000,000
87		
88	**Total FY16 Funding (Gross)**	**$ 29,574,055**
89		
90		
91	**Appropriation**	**Contractual FTEs**
92		
93	Moved into list above	
94	**Other Medical and Behavioral Health Concerns**	
95	- Med Team	
96	-These funds will finance a team of experts to assess any potential linkages from the increase in Legionairre's disease with the changeover from the Detroit to Flint water systems.	
97		
98		
99	**Cost to abate lead homes in Flint**	$ 4
100	- Costs reflect contractual and service costs to abate lead from 100 additional homes in the City of Flint. October supplemental funded the abatement of 250 homes.	
101	- Contractual funds will support 3.5 FTEs, 2.5 field consultants to conduct abatement and one to assist with client application and form processing	
102	- Abatement activities include the replacement of plumbing components, faucets, aerators and fixtures.	
103	-We have contractual and state staff that currently do this to identify the plan and cost. They will use ETC reports to identify which homes need abatement.	
104	-These funds do not pay for ETC. These funds pay for contractors to pay for the physical changes to the home, including window, wall or floor replacements.	

	E	F	G	H
74	Discussions ongoing with federal government			COMM
75	Discussions ongoing with federal government			COMM
76	Discussions ongoing with federal government			COMM
77	Discussions ongoing with federal government			COMM
78	Discussions ongoing with federal government			
79	Discussions ongoing with federal government			COMM
80	Discussions ongoing with federal government			COMM
81	Discussions ongoing with federal government			COMM
82	Pending Senate passage			COMM
83				
84				
85		$ 10,257,959		
86				
87				
88				
89				
90				
91	**GF**		**State Restricted**	
92				
93				
94	#REF!			
95				
96				
97				
98				
99			#REF!	
100				
101				
102				
103				
104				

	A	B
105		
106		
107	**6**	
108		
109		
110		
111		
112		
113		
114	**7**	
115		
116		
117		
118		
119		
120		
121		
122		
123		
124	**8**	
125		
126		
127		
128		
129		
130		
131		
132		

<<AUTODATE >>
<<AUTODATE >>

	C	D
105	-Use Healthy Michigan Fund available lapse funding	
106		
107	**Additional lead investigations**	$ -
108	**- ETC**	
109	- Will support ongoing ETC Inc. contract activities that are determining the sources of lead exposure and develops a plan via a report to the family's nurse case manager to reduce and or mitigate lead exposure.	
110	-ETC determines all the environmental samples in the home including paint, soil and dust.	
111	-Samples are all sent to their labs to determine what the highest readings of lead are and a plan to remediate.	
112	-Reports are generated after lead analysis and shared with nurse case manager to determine a follow up health plan for the family.	
113		
114	**Increase nurse case management**	$ 1
115	-Funds support the increased testing and follow up necessary with the new homes being investigated.	
116	-Nurse case managers provide follow up with families, provide nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations through ETC.	
117	-We expect with the increased testing that the additional nurse / case management will focus on those kids that have already been found to have elevated levels, will manage the health care of those children, will work with the parents to ensure they have everything they need.	
118	- The additional nurse case manager will be necessary as part of the recent ramp up to address intensified EBL investigations and was not accounted for in the previous supplemental.	
119	- This individual will provide referrals to relevant benefits/services such as WIC, SNAP benefits, etc.	
120	- GCHD have noted that nutrition counseling is a big problem and they're looking at this position being the coordinated link between nutrition education and other medical needs.	
121	- Will inform families that if children eat iron rich diets, then their bodies won't absorb lead as opposed to those who are malnourished.	
122	-Use Medicaid funding.	
123		
124	**Increase community education**	$ 2
125	**- GCHD Contract**	
126	-Contractual FTEs will work with the Genesee County Health Department (GCHD) to build educational efforts in that community to develop a more detailed education plan.	
127	-The FTEs will direct people on where to get healthy food, faucets, and where they can get follow up care.	
128	- Their work will be part of the promotion of all the healthy behaviors that helps to treat these problems.	
129	- Flint is already one of the high risk communities for lead exposure in paint, soil and other environmental areas. GCHD has noted that there is big demand on educating the community.	
130	- This educational component was not part of the previous supplemental.	
131	- Funds will help with media promotions and will send community groups and community educations out to various individuals working on the lead issue.	
132	-Use Maternal and Child Health Block grant	

	E	F	G	H
105				
106				
107			#REF!	
108				
109				
110				
111				
112				
113				
114			#REF!	
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				

<<AUTODATE >>
<<AUTODATE >>

	A	B
133		
134	**9**	
135		
136		
137		
138		
139		
140		
141		
142		
143		
144		
145		
146	**10**	
147		
148		
149		
150		
151		
152		
153		
154		
155		
156		
157	**11**	
158		
159		
160		
161		

	C	D
133		
134	**Education and Access -- Secondary Prevention**	
135	**- CAHCs**	
136	**- P to P expansion**	
137	- This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers.	
138	- Programs will provide medical and other related support services in every school in Flint.	
139	- Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider.	
140	- These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access.	
141	- Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need.	
142	- CAHC are onsite medical clinics in the schools to provide health education and if parents sign consent forms they treat the children for minor issues.	
143	- They have a general practicitioner.	
144	- Flint currently has Adolescent Health Centers in high schools (some upper middle schools) - (not child health centers) currently	
145		
146	**Nutrition -- Secondary Prevention and Education**	
147	**- Co-locate WIC staff**	
148	**- Lactation consultant**	
149	- This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits.	
150	- Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services.	
151	- DHHS would need to negotiate this proposal with the federal government to receive federal funding.	
152	- This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development.	
153	- Research shows that children who are breastfed are healthier and have better immunity against diseases.	
154	- Assume Medicaid funding for the lactation consultant.	
155	- Have two existing clinics (not necessarily at capacity).	
156		
157	**Behavioral Health - Treatment**	
158	**- Money to CMHs**	
159	**- MC3 expansion**	
160	- Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services.	
161	- Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families.	

	E	F	G	H
133				
134	#REF!			
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146	#REF!		$ 927,000	
147				
148				
149				
150				
151				
152				
153				
154				
155				
156				
157	#REF!			
158				
159				
160				
161				

	A	B
162		
163		
164		
165		
166		
167		
168	**12**	
169		
170		
171		
172		

	C	D
162	- Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families.	
163	- MC3 is a new program that is only parts of the state and expansion is strongly supported.	
164	- Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD).	
165	- Treatment includes diagnostic testing, nurse visits, environmental health assessment of home.	
166	- Assume Medicaid funding.	
167		
168	**Community Mental Health**	
169	- Crisis support and counseling through Community Mental Health organizations.	
170		
171		
172	**Total FY16 Supplemental Funding Request**	**$ 41,891,117**

	E	F	G	H
162				
163				
164				
165				
166				
167				
168	#REF!			
169				
170				
171				
172	**#REF!**		**#REF!**	

Cell: E157
Comment: Hanley, Farah (DHHS):
$2 million noted on the SBO worksheet

2-2-16 Flint Operations Update

Sheryl –

This morning they went to the Community Resilience Meeting and the Dan Russell meeting and met with Greater Flint Health Coalition with Dr. Mona and CDC. Issue with no one trusting the state. Talked about board of commissioners meeting. Discussed a federal coordinator.

Health clinics – people go in but don't have a medical home. They also don't have transportation. She is going to call Ed Benning from Mass Transportation (Director) and will be public transport.

Need to move out FEMA. Space is a huge issue. Can we move them? DTMB said to help. Media discussed with DHHS employees. What about moving EPA, CDC, and FEMA altogether? She has no room to work and needs her secretary.

Will reach out to Superintendent,

Tomorrow she has a meeting with the Greater Health Flint Coalition.

Richard –

Space problems.

Genesee County Health Department and DHHS phone cal

Working to get locals to take ownership of the distribution of the filters and other water resources. Purchasing will still be done by FEMA. Looking to get a one year supply where FEMA will procure what we need.

Dr. Mona is saying the testing of the water doesn't matter because she claims that it changes.

Also elderly can't open the water bottles and they've obtained some cartons of water. FEMA had water in a can.

Met with Genesee County – Met with MDARD to get it going – establishments labeled high and medium and low risk - 19 high – 156 that were medium. Of those 84 have state jurisdiction and 91 have Genesee County and they arranged that MDARD would do those all as well. They completed 61 as of yesterday and doing another 37 today. The high ones all done.

Talked to DOE - Pathways to Potential and WIC staff in co-locating in schools. DOE said no barriers and they can make it work.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC ACT 3 OF 2016
PCA'S PER PROJECT

	A	B	C	D	E	F	G	H	I	J	K
1	**Project**	**PH**	**Description**	**INDEX**	**PCA**	**Grant Number**	**GF Amount**	**State Restricted Amount**	**Federal Amount**	**Total Funding**	**Budget Liaison**
2	**FLINTW**	**01**	**Food Inspections**		80011		**$200,000**			**$200,000**	**Brice**
3											
4	**FLINTW**	**02**	**Other Medical and Behavioral Health Concerns**		85400		**$275,000**			**$275,000**	**Rick**
5											
6	**FLINTW**	**03**	**Water Resources**		80013		**$4,612,800**			**$4,612,800**	**Brice**
7											
8	**FLINTW**	**04**	**Cost for Epidemiologists - EBL Reports**		85407	252208 16			**$145,000**	**$145,000**	**Rick**
9											
10	**FLINTW**	**05**	**Lead Abatement - Field Contractual**		85401			**$1,510,000**		**$1,510,000**	**Rick**
11											
12	**FLINTW**	**06**	**Additional Lead Investigators**		85403			**$90,000**		**$90,000**	**Rick**
13											
14	**FLINTW**	**07**	**Nurse Case Management and NRP**				**$500,000**	**$25,000**	**$45,000**	**$570,000**	**Beverly**
15	FLINTW	07	Nurse Family Partnership		84007		$500,000				
16	FLINTW	07	Contracted Case Manager		84005			$25,000			
17	FLINTW	07	Contracted Case Manager		84003	252208 16			$45,000		
18											
19	**FLINTW**	**08**	**GCHD and Food Bank**				**$1,037,200**		**$120,000**	**$1,157,200**	**See below**
20	FLINTW	08	GCHD - Educational Efforts		84008	252208 16			$120,000		Beverly
21	FLINTW	08	Food Bank		80018		$1,037,200				Brice
22											
23	**FLINTW**	**09**	**Total Ed & Access - CAHC, P to P, CHAP**				**$1,570,000**	**$0**	**$0**	**$1,570,000**	**See below**
24	FLINTW	09	Child and Adolescent Health Centers		84009		$650,000				Beverly
25	FLINTW	09	Pathways to Potential Expansion		77201		$720,000				Andy
26	FLINTW	09	Children's Healthcare Access Program (CHAP)		84019		$200,000				Beverly
27											
28	**FLINTW**	**10**	**Nutrition - WIC**				**$30,000**	**$927,000**	**$0**	**$957,000**	**Michael**
29	FLINTW	10	Nutrition - WIC - Co-locate WIC Staff		84461			$872,000			
30	FLINTW	10	Nutrition - WIC - Lactation Consultant		84461			$55,000			
31	FLINTW	10	Nutrition - WIC - Lactation Consultant		84460		$30,000				
32											
33	**FLINTW**	**11**	**Total Behavioral Health and MC3**				**$1,335,000**	**$0**	**$2,535,000**	**$3,870,000**	**Audrey**
34	FLINTW	11	Behavioral Health - Money to CMH's		TBD		$1,135,000				
35	FLINTW	11	Behavioral Health - Money to CMH's		TBD				$2,535,000		
36	FLINTW	11	Behavioral Health - MC3 Expansion		35009		$200,000				
37											
38	**FLINTW**	**12**	**CMH Crisis Counseling**		39032		**$500,000**			**$500,000**	**Audrey**
39											
40			**GRAND TOTAL**				**$10,060,000**	**$2,552,000**	**$2,845,000**	**$15,457,000**	

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC ACT 3 OF 2016
PCA'S PER PROJECT

	A	B	C	D	E	F	G	H	I	J
1	**Project**	**PH**	**Description**	**GF Amount**	**PCA**	**State Restricted Amount**	**PCA**	**Federal Amount**	**PCA**	**Grant Number**
2	**FlintW**	**01**	**Food Inspections**	**$200,000**	80011					
3										
4	**FlintW**	**02**	**Other Medical and Behavioral Health Concerns**	**$275,000**	85400					
5										
6	**FlintW**	**03**	**Water Resources**	**$4,612,800**	80013					
7										
8	**FlintW**	**04**	**Cost for Epidemiologists - EBL Reports**					**$145,000**	85407	**252208 16**
9										
10	**FlintW**	**05**	**Lead Abatement - Field Contractual**			**$1,510,000**	85401			
11										
12	**FlintW**	**06**	**Additional Lead Investigators**			**$90,000**	85403			
13										
14	FlintW	07	Nurse Family Partnership	$500,000	84007					
15	FlintW	07	Contracted Case Manager			$25,000	84005	$45,000	84003	252208 16
16			**Total Nurse Case Management and NRP**	**$500,000**		**$25,000**		**$45,000**		
17										
18	FlintW	08	GCHD - Educational Efforts					$120,000	84008	252208 16
19	FlintW	08	Food Bank	$1,037,200	80018					
20			**Total GCHD and Food Bank**	**$1,037,200**		**$0**		**$120,000**		
21										
22	FlintW	09	Child and Adolescent Health Centers	$550,000	84009					
23	FlintW	09	Path to Potential Expansion	$720,000						
24	FlintW	09	Children's Healthcare Access Program (CHAP)	$200,000						
25			**Total Ed & Access - CAHC, P to P, CHAP**	**$1,470,000**		**$0**		**$0**		
26										
27	FlintW	10	Nutrition - WIC - Co-locate WIC Staff			$872,000	84461			
28	FlintW	10	Nutrition - WIC - Lactation Consultant	$30,000	84460	$55,000	84461			
29			**Total Nutrition - WIC**	**$30,000**		**$927,000**		**$0**		
30										
31	FlintW	11	Behavioral Health - Money to CMH's	$1,135,000				$2,535,000		
32	FlintW	11	Behavioral Health - MC3 Expansion	$200,000	35009					
33			**Total Behavioral Health and MC3**	**$1,335,000**		**$0**		**$2,535,000**		
34										
35	FlintW	12	**CMH Crisis Counseling**	**$500,000**	39032					
36										
37		**Grand Total**		**$9,960,000**		**$2,552,000**		**$2,845,000**		
38				Need $100,000 in Project 09						

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC ACT 3 OF 2016
PCA'S PER PROJECT

	K	L
1	**Total Funding**	**Budget Liaison**
2	**$200,000**	Brice
3		
4	**$275,000**	Rick
5		
6	**$4,612,800**	Brice
7		
8	**$145,000**	Rick
9		
10	**$1,510,000**	Rick
11		
12	**$90,000**	Rick
13		
14	$500,000	Beverly
15	$70,000	Beverly
16	**$570,000**	
17		
18	$120,000	Beverly
19	$1,037,200	Brice
20	**$1,157,200**	
21		
22	$550,000	Beverly
23	$720,000	
24	$200,000	
25	**$1,470,000**	
26		
27	$872,000	Mike
28	$85,000	Mike
29	**$957,000**	
30		
31	$3,670,000	
32	$200,000	Audrey
33	**$3,870,000**	
34		
35	**$500,000**	Audrey
36		
37	**$15,357,000**	
38		

	A	B	C	D	E	F
1	**Michigan Department of Health and Human Services**					
2	**Office of Contracts and Purchasing**					
3	**Home Depot Purchase Order #431N6600219**					
4	**Prepared by: T. Smith 1-14-16**					
5						
6	**Description**	**Date OCP received DHS-319**	**PCA**	**Quantity**	**Unit Price**	**Total Price**
7	Brita Tap Water Filters Model FF100	10/2/2015	32099	20000	17.47	$349,400.00
8	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	10/6/2015	32099	750	29.99	$22,492.50
9	Brita Single Pack Replacement Cartridges Model FR-200	10/7/2015	32099	9000	15.97	$143,730.00
10	ZeroWater Replacement Filter for Pitchers Model ZD-017	11/3/2015	32099	375	29.97	$11,238.75
11	Brita Tap Water Filters Model FF100	1/11/2016	32099	30000	17.47	$524,100.00
12	ZeroWater 8 cup Pitcher/Dispenser Model ZD-018	1/11/2016	32099	1000	29.99	$29,990.00
13	Brita Single Pack Replacement Cartridges Model FR-200	1/11/2016	32099	35000	15.97	$558,950.00
14	ZeroWater Replacement Filter for Pitchers Model ZD-017	1/11/2016	32099	1345	29.97	$40,309.65
15	ZeroWater Replacement Filter for Pitchers Model ZD-017	1/13/2016	32099	2500	29.97	$74,925.00
16					**PO Total**	**$1,755,135.90**

	A	B	C	D	E	F
1		**DHHS Flint Need - Post January '16 Supplemental**				
2		** Preliminary Draft; subject to change **				
3			**SBO Estimates - 2/3/16**			
4		**Appropriation**	**GF**	**State Restricted**	**Federal**	**Gross**
5	**FY16 Item**	**FY16 ADDITIONAL DHHS SUPPLEMENTAL Requests - Assumes costs Feb 16- Sept 16**				
6	**1**	**Mobile Food Bank and additional food bank resources**	$ 430,000	$ -	$ -	$ 430,000
7	**2**	**Resources for evidence based home visiting programs to promote better parenting skills and identify developmental delays**	$ 260,000	$ -	$ -	$ 260,000
8	**3**	**Additional Crisis counseling funding to local CMH**	$ -	$ -	$ -	$ -
9	**4**	**Congnitive behavioral therapy for children exposed to lead through local CMH**	$ 1,500,000	$ -	$ -	$ 1,500,000
10	**5**	**Emergency Nutrition Assistance for Children of Flint**	$ -	$ -	$ -	$ -
11	**6**	**State Medicaid Match for Federal Medicaid Funding in Flint**	$ 3,750,000	$ -	$ 12,250,000	$ 16,000,000
12						
13		**Total Additional FY16 Funding Request**	**$ 5,940,000**	**$ -**	**$ 12,250,000**	**$ 18,190,000**
14						
15		**Check totals**	**$ -**	**$ -**	**$ -**	**$ -**
16						
17	**FY17 Item**	**FY17 Investment Requests - Assumes full year costs**				
18	**1**	**Continuation of FY16 Supplemental (Enacted Oct. 2015) - Note see assumptions below**	$ -	$ -	$ -	$ -
19	**2**	**Continued cost for 2 contract epidemiologists**	$ 349,500	$ -	$ -	$ 349,500
20	**3**	**Full year cost to abate lead homes in Flint (assuming $15,000 per home)**	$ 1,443,400	$ 817,600	$ -	$ 2,261,000
21	**4**	**Continued additional lead environmental investigations - assuming 130 homes at $1,000**	$ 275,000	$ 130,000	$ -	$ 405,000
22	**5**	**Full year funding for FY16 increase of nurse case management**	$ 530,000	$ -	$ -	$ 530,000
23	**6**	**Assuming full year of community education with genesee County Health Department**	$ 198,000	$ -	$ -	$ 198,000
24	**7**	**Emergency purchases of bottled water, filters, and replacement cartridges - presuming a continuation of SEOC data assumed necessary in Sept. and extended through Dec. '16**	$ -	$ -	$ -	$ -
25	**8**	**Support MDARD's environmental health division's work with the local health department to conduct food and water inspections at restaurants**	$ 300,000	$ -	$ -	$ 300,000
26	**9**	**Child and adolescent health centers - support for children's healthcare access program**	$ 1,899,000	$ -	$ 306,000	$ 2,205,000
27	**10**	**Support WIC staff within schools and other health centers to ensure proper program enrollment and improve access/availability of WIC and nutrition benefits.Places one lactation consultant at Genesee Co. Health.**	$ 1,379,600	$ -	$ 55,400	$ 1,435,000
28	**11**	**Direct appropriation to local CMH for coordination with local and county agencies, schools, mental health providers and case management for children and families**	$ 2,021,300	$ -	$ 3,778,700	$ 5,800,000
29	**12**	**Continued support of FY16 request to analyze potential linkages between Legionairres and Flint water change over**	$ 412,500	$ -	$ -	$ 412,500
30	**13**	**Additional Crisis counseling funding to local CMH**	$ -	$ -	$ -	
31	**14**	**Mobile Food Bank and additional food bank resources**	$ 860,000	$ -	$ -	$ 860,000
32	**15**	**Resources for evidence based home visiting programs to promote better parenting skills and identify developmental delays**	$ 520,000	$ -	$ -	$ 520,000
33	**16**	**Congnitive behavioral therapy for children exposed to lead through local CMH and for Local CMH requests to LG**	$ 8,000,000	$ -	$ -	$ 8,000,000
34	**17**	**Emergency Nutrition Assistance for Children of Flint**	$ -	$ -	$ 7,000,000	$ 7,000,000
35	**18**	**State Medicaid Match for Federal Medicaid Funding in Flint**	$ 7,500,000	$ -	$ 22,500,000	$ 30,000,000

	G	H	I	J	K
1					
2					
3		SBO Estimates - 2/6/16 - HALF YEAR			
4		GF	State Restricted	Federal	Gross
5		FY16 ADDITIONAL DHHS SUPPLEMENTAL			
6		$ 430,000	$ -	$ -	$ 430,000
7		$ 260,000	$ -	$ -	$ 260,000
8		$ -	$ -	$ -	$ -
9		$ 1,500,000	$ -	$ -	$ 1,500,000
10		$ -	$ -	$ -	$ -
11		$ -	$ -	$ -	$ -
12		$ -	$ -	$ -	$ -
13		**$ 2,190,000**	**$ -**	**$ -**	**$ 2,190,000**
14					
15		$ -	$ -	$ -	$ -
16					
17		FY17 Investment Requests - HALF YEAR			
18		$ -	$ -	$ -	$ -
19		$ 174,700	$ -	$ -	$ 174,700
20		$ 721,700	$ 408,800	$ -	$ 1,130,500
21		$ 137,500	$ 65,000	$ -	$ 202,500
22		$ 265,000	$ -	$ -	$ 265,000
23		$ 99,000	$ -	$ -	$ 99,000
24		$ -	$ -	$ -	$ -
25		$ 150,000	$ -	$ -	$ 150,000
26		$ 949,500	$ -	$ 153,000	$ 1,102,500
27		$ 689,800	$ -	$ 27,700	$ 717,500
28		$ 1,010,700	$ -	$ 1,889,300	$ 2,900,000
29		$ 206,300	$ -	$ -	$ 206,300
30		$ -	$ -	$ -	$ -
31		$ 430,000	$ -	$ -	$ 430,000
32		$ 260,000	$ -	$ -	$ 260,000
33		$ 4,000,000	$ -	$ -	$ 4,000,000
34		$ -	$ -	$ 3,500,000	$ 3,500,000
35		$ -	$ -	$ -	$ -

	A	B	C	D	E	F
36	**19**	**Placeholder for Flint Reserve**				
37						
38		**Total FY17 Funding Request**	**$ 25,688,300**	**$ 947,600**	**$ 33,640,100**	**$ 60,276,000**
39						
40		**Check**	$ -	$ -	$ -	$ -
41						
42	2/6/2016	FY16 Assumption:				
43		Item #5 will be allocated in MDE directly for nutrition assistance				
44						
45		FY17 Assumptions:				
46		Items previously included in #1 spread to Items #2, 4, 5 ,6				
47		No MCH block grant available.				
48		$947,600 available in Healthy Michigan Fund used in Items #3 and 4 - ONLY $473,800 USED				
49		Assumes $20k in TANF, $67k Title XIX, $66k SNAP and $147,000 GFto support Pathways workers in Item #9				
50		Assumes $27,700 WIC dollars for lactation consultant in Item #10 -				
51		ASSUMES $1,889,350 MEDICAID USED FOR ITEM #11 -				
52		Item 16 assumes approx. half of local request of LG and incorporates other DHHS asks				

	G	H	I	J	K
36		$ -	$ -	$ -	$ 100
37					
38		**$ 9,094,200**	**$ 473,800**	**$ 5,570,000**	**$ 15,138,100**
39					
40		$ -	$ -	$ -	$ -
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					

	A
2	
3	
4	
5	**1**
6	**2**
7	**3**
8	**4**
9	**5**
10	**6**
11	
12	
13	
14	
15	**1**
16	**2**
17	**3**
18	**4**
19	**5**
20	**6**

	B	C	D	E	F	G	H	I
2		Department Request*						
3	Appropriation	Contractual FTEs		GF	State Restricted	Federal	Gross	
4	FY16 ADDITIONAL DHHS SUPPLEMENTAL Requests - Assumes costs Feb 16- Sept 16							
5	Food Supply -- Tertiary Prevention	0		$ 430,000			$ 430,000	
6	Medical Health - Secondary Prevention	0		$ 260,000			$ 260,000	
7	Other Medical and Behavioral Health Concerns	0		$ 500,000			$ 500,000	
8	Additional Behavioral Health Treatment and Intervention	0		$ 1,500,000			$ 1,500,000	
9	Emergency Nutrition Assistance for Children of Flint			$ -		$ 3,500,000	$ 3,500,000	
10	State Medicaid Match for Federal Medicaid Funding in Flint	$ -		$ 3,750,000	0	$ 11,250,000	$ 15,000,000	
11								
12	**Total Additional FY16 Funding Request**	**0**		**$ 6,440,000**	**$ -**	**$ 14,750,000**	**$ 21,190,000**	
13								
14	FY17 Investment Requests							
15	Continuation of FY16 Supplemental	8		$ 850,000			$ 850,000	
16	Cost for epidemiologists	2				$ 217,500	$ 217,500	
17	Cost to abate lead homes in Flint	4			$ 2,261,000		$ 2,261,000	
18	Additional lead investigations				$ 130,000		$ 130,000	
19	Increase nurse case management	1				$ 105,000	$ 105,000	
20	Increase community education	2				$ 180,000	$ 180,000	

	J	K	L	M	N	O	P	Q	R	S	T
2	**SBO Evaluation - 2/3/16**					**SBO REVISED HALF YEAR COSTS- 2/6/16**					**Check**
3	**GF**	**State Restricted**	**Federal**	**Gross**		**GF**	**State Restricted**	**Federal**	**Gross**		
4											
5	$ 430,000	$ -	$ -	$ 430,000		**$ 430,000**	**$ -**	**$ -**	**$ 430,000**		**$ -**
6	$ 260,000	$ -	$ -	$ 260,000		**$ 260,000**	**$ -**	**$ -**	**$ 260,000**		**$ -**
7	$ -	$ -	$ -	$ -		**$ -**	**$ -**	**$ -**	**$ -**		**$ -**
8	$ 1,500,000	$ -	$ -	$ 1,500,000		**$ 1,500,000**	**$ -**	**$ -**	**$ 1,500,000**		**$ -**
9	$ -		$ -	$ -		**$ -**	**$ -**	**$ -**	**$ -**		**$ -**
10	$ 3,750,000	$ -	$ 12,250,000	$ 16,000,000		**$ -**	**$ -**	**$ -**	**$ -**		**$ (16,000,000)**
11											
12	**$ 5,940,000**	**$ -**	**$ 12,250,000**	**$ 18,190,000**		**$ 2,190,000**	**$ -**	**$ -**	**$ 2,190,000**		**$ (16,000,000)**
13											
14											
15	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -		$ -
16	$ 349,500		$ -	$ 349,500		$ 174,700	$ -	$ -	$ 174,700		$ (50)
17	$ 1,443,400	$ 817,600	$ -	$ 2,261,000		$ 721,700	$ 408,800	$ -	$ 1,130,500		$ -
18	$ 275,000	$ 130,000	$ -	$ 405,000		$ 137,500	$ 65,000	$ -	$ 202,500		$ -
19	$ 530,000	$ -	$ -	$ 530,000		$ 265,000	$ -	$ -	$ 265,000		$ -
20	$ 198,000	$ -	$ -	$ 198,000		$ 99,000	$ -	$ -	$ 99,000		$ -

	U	V	W	X	Y
2					
3		**Detailed Description - For Full Year Costs**	**Affected Line Items**		**Category**
4					
5		This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nutritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"		Food
6		This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support		Social
7		Additional funds to provide crisis counseling and other support services through Community Mental Health.			Social
8		Cognitive behavioral therapy for children who are exposed, about 10 hours per month per kid. Assume 100 kids for 6 months. Funds also include additional intensive case management and coordination with educational assessment needs. Funds will be directed to Community Mental Health.			Social
9		Additional funds to provide crisis counseling and other support services through Community Mental Health. - UPDATE: 2/1 - Assumes TANF for a yet-to-be described program need for food in Flint. **2/3: SBO ASSUMES TANF TO BE SPENT BY MDE FOR NUTRITION SERVICES**			Physical
10		SBO Note: 2/2 - Assumes slightly better than normal FMAP rate.			Physical
11					
12					
13					
14					
15		Continue the funds from the original FY16 supplemental for existing nurse case management of EBL home investigations. GF or excess Healthy Michigan Funds could be used. Counted as GF here because the original FY16 supplemental appropriated GF. **(ITEMS NOW SPREAD TO OTHER LINES FOR CONISTENCY - SEE NOTE BELOW)**	Epidemiology Administration		
16		Continue the funds from the FY16 request above and support two epidemiologists to analyze blood lead levels and will address broader areas beyond the City of Flint. Work conducted by the epidemiologists will be new functions not currently conducted. **(INCLUDES $132,000 formerly categorized as continuation of Oct. 15 supplemental)**	Epidemiology Administration		Physical
17		Continue the funds from the FY16 request above and finance contractual and service costs to abate lead from homes in the City of Flint. Contractual funds will support 4 contractual staff - 3 field consultants to conduct abatement and one to assist with client application and form processing (total $311,000). Funds for the service include the cost to abate an increase to 130 homes @ $15,000 each ($1.95 million) which will include internal housing plumbing components where necessary. Current efforts financed in the Oct FY16 supplemental did not support lead abatement activities.	Healthy Homes Program		Physical
18		Funds support additional lead environmental investigations. This is lead investigations in homes of children with high blood lead levels to determine all of the sources of lead exposure and plan for mitigation of lead. This does not include funding for lead abatement. This is done via contract with ETC Consulting. (No FTEs) **(INCLUDES $275,000 formerly categorized as continuation of Oct. 15 supplemental)**	Healthy Homes Program		Physical
19		Continue the funds from the FY16 request above to support the increased testing and follow up necessary with the new homes being investigated. Nurse case managers provide follow up with families, nutrition counseling, and coordination with Environmental Blood Level (EBL) investigations. **(INCLUDES $132,000 formerly categorized as continuation of Oct. 15 supplemental)**	Childhood Lead Program		Physical
20		Continue the contractual health educators at GCHD to work collaboratively with community agencies on awareness of lead hazards, increase lead testing, and nutrition education. **(INCLUDES $18,000 formerly categorized as continuation of Oct. 15 supplemental)**	Essential Local Public Health Services		Social

	A
21	**7**
22	**8**
23	**9**
24	**10**
25	**11**
26	**12**
27	**13**
28	**14**

	B	C	D	E	F	G	H	I
21	**Water Resources**			$ 9,900,000			$ 9,900,000	
22	**Food Inspections**			$ 300,000			$ 300,000	
23	**Education and Access -- Secondary Prevention and Targeting Primary Care Providers**	5		$ 2,205,000			$ 2,205,000	
24	**Nutrition -- Secondary Prevention and Education**			$ 1,379,600		$ 55,400	$ 1,435,000	
25	**Behavioral Health - Treatment**			$ 2,021,300		$ 3,778,700	$ 5,800,000	
26	**Other Medical and Behavioral Health Concerns**			$ 412,500			$ 412,500	
27	**Crisis Counseling through local CMH**			$ 750,000			$ 750,000	
28	**Food Supply -- Tertiary Prevention**			$ 860,000			$ 860,000	$ -

	J	K	L	M	N	O	P	Q	R	S	T
21	$ -			$ -		$ -	$ -	$ -	$ -		$ -
22	$ 300,000			$ 300,000		$ 150,000	$ -	$ -	$ 150,000		$ -
23	$ 1,899,000		$ 306,000	$ 2,205,000		$ 949,500	$ -	$ 153,000	$ 1,102,500		$ -
24	$ 1,379,600		$ 55,400	$ 1,435,000		$ 689,800	$ -	$ 27,700	$ 717,500		$ -
25	$ 2,021,300		$ 3,778,700	$ 5,800,000		$ 1,010,700	$ -	$ 1,889,300	$ 2,900,000		$ -
26	$ 412,500			$ 412,500		$ 206,300	$ -	$ -	$ 206,300		$ 50
27	$ -			$ -		$ -	$ -	$ -	$ -		$ -
28	$ 860,000			$ 860,000		$ 430,000	$ -	$ -	$ 430,000		$ -

	U	V	W	X	Y
21		To reflect the distribution efforts to local health entities and other community partners, an increase in supply is required for purchases related to water filters, faucet mounts, replacement cartridges and bottles. Dept. Estimate annualized FY16 ask per MSP SEOC. **ASSUMPTIONS OF SBO NUMBERS**: maintain SEOC 5% coverage number assumed for Sept. cost through Dec. '16. Monthly cost is: $375k for water, $780k for replacement cartridges, $1,170 for business bottled water, $18,720 for business cartridge replacement. DECISION 2/2 - Remove additional water support	State Emergency Relief		Water
22		These funds would be used to support MDARD's environmental health division's work to do long term follow up. These funds will specifically go towards field inspection staff to conduct the field work at restaurants. These will be limited term staff. Currently the approp for local health department food safety is part of the Pop health budget and DHHS has always funded the state portion of this function and funding for it hasn't been increased in years. The inspection rate intervals will likely increase because MDARD will need to go back and conduct re-inspections given the latest emergency declaration. Full year estimate	Essential Local Public Health Services		Food
23		This proposal will provide funds to support the programs operated by the two existing Child and Adolescent health centers. Programs will provide medical and other related support services in every school in Flint. Funding will also go to support the Children's Healthcare Access Program to assist clients to establish a primary care medical home or to obtain the timely and essential services as recommended by their primary care provider. These funds are intended to reduce emergency room usage and promote the best evidence based care for the children and provide support for Medicaid children related to transportation, case management, mental health services, and nutrition education access. Proposal also includes one contractual peer educator FTE at Genesee County Health Department to help increase WIC enrollment and retention to assist with lead testing, nutrition education, and overall health of pregnant moms and infants. Funds will be used for bus tokens to get people to and from WIC clinics. This individual will promote people to get enrolled and access to health care. Proposal also includes funding to expand the Pathways to Potential model to provide support to City of Flint residents connecting them to the proper benefits and getting them the services they need. Educating PCPs will be supported by funds directed to the collaboration between the Hurley Medical	Child and Adolescent Health Centers, Field Operations Administration, Special Projects, Women, Infants, and Children Local Agreements		Physical
24		This proposal will finance the cost of WIC staff that will be co-located within schools and other health centers to increase WIC enrollment and increase the access and availability of WIC benefits. Currently, children up to the age of 5 receive services through WIC; this funding would enable children ages 5-10 to receive nutrition education and counseling as well as screening and referral to other social services. DHHS would need to negotiate this proposal with the federal government to receive federal funding. This funding request also dedicates one lactation consultant to the Genesee County Health Department to promote and support breastfeeding education, provide services to protect children from lead exposure, and promote cognitive development. Research shows that children who are breastfed are healthier and have better immunity against diseases. Assume Medicaid funding for the lactation consultant.	Women, Infants, and Children Local Agreements and Food Costs, Health Plan Services		Food
25		Directly appropriated to CMH to fund crisis services and additional behavioral health and developmental services. Funds care coordination between key involved entities such as schools, county and local agencies, mental health providers, health providers as well as case management for children and families. Funds an expansion of the Michigan Child Care Collaborative (MC3) program into Genesee County to provide support to PCP and pediatric offices and clinical services to children and families. MC3 is a new program that is only parts of the state and expansion is strongly supported. Funding supports treatment of children with blood lead levels equal to or higher than 10 and also treatment of lead-associated Attention-deficit/hyperactivity Disorder (AD/HD). Treatment includes diagnostic testing, nurse visits, environmental health assessment of home. Treatment is estimated at $300,000 and ADHD includes medication and counseling estimated at $18.0M annually. Estimate was predicated on work done by other states including New York as well as referencing recent research on the subject. GF to CMH.	Community Mental Health General Fund		Social
26		These funds will finance a team of experts to assess any potential linkages from the increase in Legionnaire's disease with the changeover from the Detroit to Flint water systems.	Special Projects		Physical
27		These funds provide crisis support and counseling through CMH organizations. Assumes FY16 supplemental was funded for 8 months, annualized for 12 months in FY17. **(SBO assumes coverage in Item 16)**			Social
28		This proposal addresses food shortages in the City of Flint through financial assistance for a new mobile food back in the city as well as additional support for existing food banks with the goal of increasing food bank resources and capacity. The Mobile food bank will assist with access in hard to reach communities. Funding will also support a dietician who will provide education on iron-rich foods for children that will reduce the absorption of lead, including shopping tips for parents to access nutritious foods, and access to nutritional resources, including WIC and SNAP in the community. Includes an increase for Double Up Food Bucks in Genesee County to supplement SNAP benefits.	Food Bank Funding, Prefer to create a new line "Nutrition Education" for the Dietician funding. If we can't get the new line item then insert in "Local MCH services"		Food

	A
29	**15**
30	**16**
31	**17**
32	**18**
33	**19**
34	
35	
36	
37	
38	
39	* Remaining FY16 asks shared by F.Hanley to SBO 1/18, updated FY17 requests shared by S. Kangas 1/22
40	Items 17/18 added 1/26

	B	C	D	E	F	G	H	I
29	**Medical Health - Secondary Prevention**			$ 520,000			$ 520,000	
30	**Additional Behavioral Health Treatment and Intervention**			$ 3,000,000			$ 3,000,000	
31	**Emergency Nutrition Assistance for Children of Flint**			$ -		$ 7,000,000	$ 7,000,000	
32	**State Medicaid Match for Federal Medicaid Funding in Flint**			$ 7,500,000		$ 22,500,000	$ 30,000,000	
33	**Placeholder for Flint Reserve**							
34								
35	**Total FY17 Funding Request**	**22**		**$ 29,698,400**	**$ 2,391,000**	**$ 33,836,600**	**$ 65,926,000**	
36								
37								
38								
39								
40								

	J	K	L	M	N	O	P	Q	R	S	T
29	$ 520,000			$ 520,000		$ 260,000	$ -	$ -	$ 260,000		$ -
30	$ 8,000,000			$ 8,000,000		$ 4,000,000	$ -	$ -	$ 4,000,000		$ -
31	$ -		$ 7,000,000	$ 7,000,000		$ -	$ -	$ 3,500,000	$ 3,500,000		$ -
32	$ 7,500,000		$ 22,500,000	$ 30,000,000		$ -	$ -	$ -	$ -		$ (15,000,000)
33									$ 100		$ 100
34											
35	**$ 25,688,300**	**$ 947,600**	**$ 33,640,100**	**$ 60,276,000**		**$ 9,094,200**	**$ 473,800**	**$ 5,570,000**	**$ 15,138,100**		$ (14,999,900)
36											
37											
38											
39											
40											

	U	V	W	X	Y
29		This funding supports the expansion of evidence based home visiting programs to promote better parenting skills and early identification of developmental delays. Funds will also support caregiver capacity and increase capacity of maternal infant support services to support parents and programs in these initiatives. Current home visitation programs only target a small proportion of individuals - more one on one work - as opposed to this initiative that will include community seminars and other classes to target a broader range of people.	Prenatal Care Outreach and Service Delivery Support		Social
30		**(SBO: Amount includes the $3M of funding request from the Dept. for CBT plus a portion of funding based on CMH request. That request was for baseline evaluations, crisis intervention and more. At $8M department will need to determine appropriate split for additoinal CMH services.)**			Social
31		ASSUME TANF DOLLARS			Food
32		Request of the Fed. Government			Physical
33		Placeholder below the line from "Flint Emergency Reserve Fund"			
34					
35					
36					
37					
38					
39					
40					

	A	B	C	D	E	F	G
2		**Organized to Match Jenny List - 2/5/16**					
3							
4		**Appropriation**	**GF**	**State Restricted**	**Federal**	**Gross**	
5	**FY17 Item**	**FY17 Investment Requests - Assumes full year costs**					
6	17	Emergency Nutrition Assistance for Children of Flint	0	0	3,500,000	3,500,000	
7	8	Genesee County Food safety inspector	150,000	0	0	150,000	
8	14	Mobile Food Bank and additional food bank resources	430,000	0	0	430,000	
9	10	Support WIC staff within schools and other health centers to ensure proper program enrollment and improve access/availability of WIC and nutrition benefits.Places one lactation consultant at Genesee Co. Health.	689,800	0	27,700	717,500	
10	12	Contractual expertise to assess potential linkages to Legionnaire's disease	206,250	0	0	206,250	
11	5	Nurse case management	265,000	0	0	265,000	
12	9	Child and adolescent health centers - support for children's healthcare access program	949,500	0	153,000	1,102,500	
13		**Childhood lead program - screening for abnormal blood lead levels (epidemiologists to analyze blood lead levels) & additional lead investigations & abatement**	1,033,950	473,800	0	1,507,750	
14	2	*Continued cost for 2 contract epidemiologists*	*174,750*	*0*	*0*	*174,750*	
15	3	*Full year cost to abate lead homes in Flint (assuming $15,000 per home)*	*721,700*	*408,800*	*0*	*1,130,500*	
16	4	*Continued additional lead environmental investigations - assuming 130 homes at $1,000*	*137,500*	*65,000*	*0*	*202,500*	
17	18	State Medicaid Match for Federal Medicaid Funding in Flint	0	0	0	0	
18	6	**Childhood lead program - outreach and education**	9,000			9,000	
19	6	**Assuming full year of community education with Genesee County Health Department**	90,000			90,000	
20	15	Resources for evidence based home visiting programs to promote better parenting skills and identify developmental delays	260,000	0	0	260,000	
21		CMH for coordination with local and county agencies, schools, mental health providers and case management for children and families (various services including cognative behavioral therapy and crisis counseling)	5,010,650	0	1,889,350	6,900,000	
22	11	*Direct appropriation to local CMH for coordination with local and county agencies, schools, mental health providers and case management for children and families*	*1,010,650*	*0*	*1,889,350*	*2,900,000*	
23	16	*Congnitive behavioral therapy for children exposed to lead through local CMH and for Local CMH requests to LG*	*4,000,000*	*0*	*0*	*4,000,000*	
24	7	Emergency purchases of bottled water, filters, and replacement cartridges - presuming a continuation of SEOC data assumed necessary in Sept. and extended through Dec. '16	0	0	0	0	
25							
26		**Total FY17 Funding Request**	**$ 9,094,150**	**$ 473,800**	**$ 5,570,050**	**$ 15,138,000**	
27							
28		Check	$ (50)	$ -	$ 50	$ (100)	
29							
30		FY16 Assumption:					
31		Item #5 will be allocated in MDE directly for nutrition assistance					
32							
33		FY17 Assumptions:					
34		Items previously included in #1 spread to Items #2, 4, 5 ,6					
35		No MCH block grant available.					
36		$947,600 available in Healthy Michigan Fund used in Items #3 and 4					
37		Assumes $40k in TANF, $134k Title XIX, $132k SNAP and $294,000 GFto support Pathways workers in Item #9					
38		Assumes $55,400 in WIC dollars for lactation consultant in Item #10					

	H
2	
3	
4	**Categories**
5	
6	Food
7	Food
8	Food
9	Physical
10	Physical
11	Physical
12	Physical
13	Physical
14	
15	
16	
17	Physical
18	Social
19	Social
20	Social
21	Social
22	
23	
24	Water
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	

	A	B	C	D	E	F	G
39		Item 16 assumes approx. half of local request of LG and incorporates other DHHS asks					

	A
1	Drop Downs
2	Physical
3	Social
4	Food
5	Water

	A	B	C	D	E	F	G
1	**DHHS January Supplemental for Flint water emergency**						
2		1	2	3	4	5	6
3		Food inspections at licensed food establishments; Genesee County Health Department	Assessment of potential linkages to Legionaire's Disease; contractual staff	Emergency purchases of bottled water, filters and replacement cartridges	Epidemiologists to analyze blood levels	Lead abatement of homes, contractual staff and field consultants	Additional lead investigations
4	**Department of Health and Human Services**						
5	APPROPRIATIONS SUMMARY:						
6	**GROSS APPROPRIATION**	**$200.0**	**$275.0**	**$8,000.0**	**$145.0**	**$1,510.0**	**$90.0**
7	Federal revenues:						
8	Total other federal revenues	$0.0	$0.0	$0.0	$145.0	$0.0	$0.0
9	Special revenue funds:						
10	Total other state restricted revenues	$0.0	$0.0	$0.0	$0.0	$1,510.0	$90.0
11	**State general fund/general purpose**	**$200.0**	**$275.0**	**$8,000.0**	**$0.0**	**$0.0**	**$0.0**
12	double check	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
13							
14	Section 117. Local Health Administration and Grants						
15							
16	Flint declaration of emergency	$200.0	$275.0	$8,000.0	$145.0	$1,510.0	$90.0
17							
18	**Gross Appropriation**	**$200.0**	**$275.0**	**$8,000.0**	**$145.0**	**$1,510.0**	**$90.0**
19	Federal revenues:						
20	Total other federal revenues	$0.0	$0.0	$0.0	$145.0	$0.0	$0.0
21	Total other state restricted revenues	$0.0	$0.0	$0.0	$0.0	$1,510.0	$90.0
22	State general fund/general purpose	$200.0	$275.0	$8,000.0	$0.0	$0.0	$0.0
23							
24	Federal for items #4, 7 and 8 = MCH Block						
25	Federal for item #11 = Medicaid ??						

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	H	I	J	K	L	M	N	O
1								
2	7	8	9	10	11	12		
3	Nurse case management	Additional positions for community education at Genesee County Health Department	Child and adolescent health centers; support for children's health care access program	Nutrition support by WIC staff; education and screening; lactation consultant at Genesee County Health Dept.	Treatment of children with high lead blood levels; diagnostic testing, nurse visits, and environmental assessments	Crisis counseling through local community mental health	**Total - January FY16 DHHS Flint Supplemental**	
4								
5								
6	**$70.0**	**$120.0**	**$1,470.0**	**$957.0**	**$3,870.0**	**$500.0**	**$17,207.0**	
7								
8	$45.0	$120.0	$0.0	$0.0	$2,535.0	$0.0	$2,845.0	
9								
10	$25.0	$0.0	$0.0	$927.0	$0.0	$0.0	$2,552.0	
11	**$0.0**	**$0.0**	**$1,470.0**	**$30.0**	**$1,335.0**	**$500.0**	**$11,810.0**	
12	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	
13								
14								
15								
16	$70.0	$120.0	$1,470.0	$957.0	$3,870.0	$500.0	**$17,207.0**	
17								
18	**$70.0**	**$120.0**	**$1,470.0**	**$957.0**	**$3,870.0**	**$500.0**	**$17,207.0**	gross
19								
20	$45.0	$120.0	$0.0	$0.0	$2,535.0	$0.0	**$2,845.0**	federal
21	$25.0	$0.0	$0.0	$927.0	$0.0	$0.0	**$2,552.0**	SR
22	$0.0	$0.0	$1,470.0	$30.0	$1,335.0	$500.0	**$11,810.0**	GF
23								
24								
25								

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 22, 2016

	A	B	C	D	E	F
1	**UPDATED 2-22-16**					
2	**Expenditure**	**Current Approved Funding**	**October**	**November**	**December**	**January**
3	**Nutrition and Food**					
4	**Food Inspections**	$200,000				
5	**Nutrition education through Genesee County Health Department**	$120,000				
6	**Mobile food banks**	$1,037,200				
7	**Co-locate health educators in WIC and Other Clinics/ Nutrition and Health Education**	$872,000				
8	**Lactation consultant**	$85,000				
9	**Education and Access**					
10	**Children's Healthcare Access Program (CHAP)**	$200,000				
11	**Children's Adolescent Health Centers**	$650,000				
12	**Pathways to Potential expansion (6 success coaches)**	$720,000				
13	**Behavioral Health**					
14	**Crisis counseling through Community Mental Health**	$500,000				

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 22, 2016

	G	H	I	J	K	L	M	N	O	P	Q
1											
2	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-22-16**	**Balance of Funds Available**	**What has funding been spent on?**
3											
4									$0	$200,000	Environmental teams administered through MDARD.
5	$23,184.00								$23,184	$96,816	
6	$100,000.00								$100,000	$937,200	$100,000 Advance sent on 2/4/16
7									$0	$872,000	Not yet spent
8									$0	$85,000	Not yet spent
9											
10	$200,000.00								$200,000	$0	Spent on a program that coordinates medical services with providers of low income children to improve health outcomes
11									$0	$650,000	Not yet spent
12									$0	$720,000	Not yet spent
13											
14	$500,000.00								$500,000	$0	Will support services for individuals who don't qualify for Medicaid but who require specific crisis counseling, psychological first aid, and other related services.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 22, 2016

	R	S
1		
2	**If spending is not completely exhausted, what is the next step?**	**What is the timeline to begin action?**
3		
4	Interagency agreement is being initiated.	Week of Feb 8th
5	These funds are for two health educators to hire for community health education and promotion. Includes water availability, how to use the filtered water, where to get blood lead testing, etc. Work plan being developed from the GCHD to amend their contract.	Work statement will be finalized week of 2/16 so that contract amendment will get in place and then GCHD can begin their hiring. Funding currently on hold until meeting with budget office.
6	The Food bank is submitting its budget on 2/8/16 to reflect the $1 million spend. Their workplan is being amended based on the additional monies to reflect goals and metrics.	The plan is to have the food bank plan up and running by March 1.
7	The department is developing a plan consistent with WIC goals to establish nut. education for children in schools. WIC will be working with MDE on this endeavor and working to get the clear & consistent nutrition education out via the schools, school meals and Summer EBT.	Month of February
8	Policy has just been established to hire lactation consultants as certified Medicaid providers.	Plan is to hire consultant in February 2016.
9		
10	Payment sent on 2/4/16	n/a
11	Contract was amended week of 1/31/16 to include $550,000 for CAHCs in Flint. Next steps- we are waiting for Mott to get administrative approval before formally committing. There have been two calls with MDE about coordinating with the school nursing funds they received. Two calls have occured with Mott; Dr. Reynolds has given us the go ahead to start planning while he takes the project before the Mott Board. Two calls with MDE to discuss coordination with their school nursing dollars. Call on 2/12 with Flint Community Schools to discuss coordination. Next steps- In person meeting on 2/23; identify schools targeted with CAHC expansion funding.	Planning has already begun. Meeting to be held in the next week or so with Flint community schools, Mott, and MDE to assure coordination is taking place across the district and schools are identified for the health center expansions. Also waiting to secure school commitment to house services so that renovations and hiring of staff can proceed. Planning has already begun. In person meeting to be held on 2/23 with Flint community schools, Mott, and MDE to assure coordination is taking place across the district and schools are identified for health center expansions. Mott is proceeding with hiring plans.
12	Work has begun on establishing the 6 new positions. Coordination is underway with the local Genesee Human Services office. Civil Service has been engaged to begin the Lansing hiring process.	Work is being expedited. Staff may be reassigned and backfilled in order to speed up the placement process.
13		
14	Payment sent on 2/4/16	Already taking place

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 22, 2016

	A	B	C	D	E	F
15	**Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health**	$3,670,000				
16	**Michigan Child Care Collaborative (MC3) program into Genesee County**	$200,000				
17	**Water Resources**					
18	Water Resources	$6,749,855				
19	**Lead Efforts**					
20	**Lead Abatement**	$1,510,000				
21	**ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.**	$365,000	$275,000.00			
22	**Medical Team to Assess Linkages to Legionnaire's**	$275,000				
23	**Data and Monitoring**					
24	**Epidemiology Related Expenses**					
25	Supplies	$8,024				
26	Travel	$0			$8.50	
27	Printing of educational materials for Flint school children.	$10,000				
28	Toxicologist	$34,976		$345.51	$5,286.34	$4,471.76
29	Epidemiologists (3)	$210,000		$2,892.79	$9,497.38	$8,220.72
30	Health Educator	$32,000		$1,540.99		$2,940.45
31	**Health and Nursing Support**					
32	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000		$70,832.00	$35,416.00	$35,416.00
33	Nurse Family Partnership	$500,000				
34	**Other Support**					
35	**Kelly Services (FOIA reqests)**					

	G	H	I	J	K	L	M	N	O	P	Q
15									$0	$3,670,000	Not yet spent
16	$200,000.00								$200,000	$0	Spent on a telemedicine program coordinated through UM where providers connect with patients and families to assist with behavioral health intervention.
17											
18									$10,257,959	($3,508,104)	Need to reference SEOC update
19											
20	$90,000.00								$90,000	$1,420,000	Not yet spent. Awarded four projects at a total expenditure of 43,592.
21									$275,000	$90,000	Ongoing consulting support to conduct environmental lead investigations. So far ~~26~~ 29 homes have been investigated. Invoices are slowly being submitted but services are being conducted. Contractor will expand services to help investigate homes i.d. by DEQ with elevated water levels. This may prevent human exposure and oversee abatement of hazards in some homes.
22									$0	$275,000	Not yet spent
23											
24											
25									$0	$8,024	n/a
26									$8	($8)	n/a
27									$0	$10,000	n/a
28	$7,250.02								$17,354	$17,622	Salary costs
29	$10,255.79								$30,867	$179,133	Salary costs
30	$2,606.76								$7,088	$24,912	Salary costs
31											
32	$35,417.00								$177,081	$317,919	Salary, Supervision, testing, and associated implementation costs
33	$500,000.00								$500,000	$0	Expands the existing NFP program, which provides nurse home visits that deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life; in process of negotiating a waiver regarding target population
34											
35									**$20,644**	($20,644)	

	R	S
15	Department is establishing a mechanism for CMH to receive Medicaid funding directly since all Medicaid behavioral health payments go through PIHPs.	Month of February
16	Payment sent on 2/4/16	Already taking place
17		
18	Need to reference SEOC update	Need to reference SEOC update
19		
20	Lead abatement is a slower process then other initiatives due to the intensity of and length of time it takes to do the work. Department is sensitive to the delay and is working to improve expediency. This like the other initiatives are high priority. Approximately 81 homes shall be abated of lead hazards and plumbing hazards at a cost of approximately $15,000 each, this year in Flint with this funding.	Developing timeline
21	Progress has lagged due to a lack of ~~applications~~ response from families. The department follows up with phone calls and text messages. ~~Several~~ Appointments are scheduled and families cancel ~~for yet this month~~. The department is sensitive to the expediency of this initiative and is rapidly working to improve the process. Contractor was previously required to work only through Genesee Co. Health Department (GCHD)to scheule visit. Contractor will work with GCHD and families directly to gain access.	Already taking place
22	Contract being amended with Wayne State university to support this project. Details and work statement being developed between DHHS and WSU.	Work statement will be finalized by 2/12/15 so that contract will get in place and then WSU can begin their assessment.
23		
24		
25	n/a	n/a
26	n/a	n/a
27	n/a	n/a
28	n/a	n/a
29	n/a	n/a
30	n/a	n/a
31		
32	Salaries will continue to be paid on a rolling basis as the year continues; $70K amendment sent 2/16/16	Already taking place
33	Payment sent on 2/4/16	Already taking place
34		
35		

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 22, 2016

	A	B	C	D	E	F
36	**Lead testing Kits**					
37						
38						
39						
40						
41						
42	**Total Flint Water Project**	**$18,444,055**	**$275,000**	**$75,611**	**$50,208**	**$51,049**
43						
44						
45	**Notes:**					
46	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.					
47	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriation of $4,612,800 in 2016 PA 3.					
48	ETC Training Services Group is an Encumbrance					
49	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 FLINT WATER PROJECT UPDATE AS OF FEBRUARY 22, 2016

	G	H	I	J	K	L	M	N	O	P	Q
36									**$56,347**	($56,347)	
37											
38											
39											
40											
41											
42	**$1,668,714**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$12,455,531**	**$5,988,524**	
43											
44											
45											
46											
47											
48											
49											

	R	S
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F	G	H	I	J
1	**Expenditure**	**Budget**	**October**	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**
2	**Epidemiology Administration (PCA # 84470)**									
3	Supplies	$8,024								
4	Travel				$8.50					
5	Educational Materials	$10,000								
6	Jennifer Gray	$34,976		$345.51	$5,286.34	$4,471.76				
7	Courtney Wisinski	$65,000		$2,892.79	$9,497.38	$8,220.72				
8	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000		$1,540.99		$2,940.45				
9	**Sub Total Epi Administration**	**$150,000**	**$0.00**	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00							
11	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000		$70,832.00	$35,416.00	$35,416.00				
12	**Total Flint Water Project**	**$850,000**	**$275,000.00**	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
13										
14										
15	Note: ETC Training Services Group is an Encumbrance									
16										
17										
18										
19										
20										

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	K	L	M	N	O	P	Q	R	S	T
1	**June**	**July**	**August**	**September**	**Year to Date through 1-25-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**		
2										
3					$0.00		$0.00	$8,024.00		
4					$8.50		$8.50	($8.50)		
5					$0.00		$0.00	$10,000.00		
6					$10,103.61	$24,872.39	$34,976.00	$0.00		
7					$20,610.89	$44,389.11	$65,000.00	$0.00		
8					$4,481.44	$27,518.56	$32,000.00	$0.00		
9	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,204.44**	**$96,780.06**	**$131,984.50**	**$18,015.50**		
10					$275,000.00	$0.00	$275,000.00	$0.00		
11					$141,664.00	$283,336.00	$425,000.00	$0.00		
12	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$451,868.44**	**$380,116.06**	**$831,984.50**	**$18,015.50**		
13										
14										
15										
16										
17										
18										
19										
20										`

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
JANUARY 25, 2016

	A	B	C	D
1	**Expenditure**	**Current Approved Funding**	**October**	**November**
2	**Epidemiology Related Expenses**			
3	Supplies	$8,024		
4	Travel	$0		
5	Printing of educational materials for Flint school children.	$10,000		
6	Toxicologist	$34,976		$345.51
7	Epidemiologist	$65,000		$2,892.79
8	Health Educator	$32,000		$1,540.99
9	**Subtotal Epidemiology Related Expenses**	**$150,000**	**$0.00**	**$4,779.29**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$275,000	$275,000.00	
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$425,000		$70,832.00
12	Water Resources	$2,137,055		
13				
14	**Total Flint Water Project**	**$2,987,055**	**$275,000.00**	**$75,611.29**
15				
16	Notes:			
17	The approved funding includes supplemental appropriations included in 2015 PA 143. An additional supplemental appropriation of $17,207,000 has been requested by the State Budget Office, but has not yet been passed by the Legislature as of 1/25/16.			
18	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143 and work project funding of $1,137,055.			
19	ETC Training Services Group is an Encumbrance			
20	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.			
21				
22				
23				
24				
25				

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
JANUARY 25, 2016

	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 1-25-16**	**Balance of Funds Available**		
2														
3											$0.00	$8,024.00		
4	$8.50										$8.50	($8.50)		
5											$0.00	$10,000.00		
6	$5,286.34	$4,471.76									$10,103.61	$24,872.39		
7	$9,497.38	$8,220.72									$20,610.89	$44,389.11		
8		$2,940.45									$4,481.44	$27,518.56		
9	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,204.44**	**$114,795.56**		
10											$275,000.00	$0.00		
11	$35,416.00	$35,416.00									$141,664.00	$283,336.00		
12											$10,257,959.48	($8,120,904.48)		
13														
14	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$10,709,828**	**($7,722,772.92)**		
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 2, 2016

	A	B	C
1	**Expenditure**	**Current Approved Funding**	**October**
2	**Epidemiology Related Expenses**		
3	Supplies	$8,024	
4	Travel	$0	
5	Printing of educational materials for Flint school children.	$10,000	
6	Toxicologist	$34,976	
7	Epidemiologists (3)	$210,000	
8	Health Educator	$32,000	
9	**Subtotal Epidemiology Related Expenses**	**$295,000**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$365,000	$275,000.00
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000	
12	Nurse Family Partnership	$500,000	
13	Water Resources	$6,749,855	
14	Food Inspections	$200,000	
15	Medical Team to Assess Linkages to Legionairre's	$275,000	
16	Lead Abatement	$1,510,000	
17	Nutrition education through Genesee County Health Department	$120,000	
18	Mobile food banks	$1,037,200	
19	Children's Adolescent Health Centers	$550,000	
20	Pathways to Potential expansion (6 success coaches)	$720,000	
21	Children's Healthcare Access Program	$200,000	
22	Co-location of WIC staff	$872,000	
23	Lactation consultant	$85,000	
24	Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health	$3,670,000	
25	Michigan Child Care Collaborative (MC3) progam into Genesee County	$200,000	
26	Crisis counseling through Community Mental Health	$500,000	
27	**Total Flint Water Project**	**$18,344,055**	**$275,000.00**
28			
29	Notes:		
30	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.		
31	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriaton of $4,612,800 in 2016 PA 3.		
32	ETC Training Services Group is an Encumbrance		
33	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.		
34			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 2, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-1-16**	**Balance of Funds Available**		
2															
3												$0.00	$8,024.00		
4		$8.50										$8.50	($8.50)		
5												$0.00	$10,000.00		
6	$345.51	$5,286.34	$4,471.76									$10,103.61	$24,872.39		
7	$2,892.79	$9,497.38	$8,220.72									$20,610.89	$189,389.11		
8	$1,540.99		$2,940.45									$4,481.44	$27,518.56		
9	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,204.44**	**$259,795.56**		
10												$275,000.00	$90,000.00		
11	$70,832.00	$35,416.00	$35,416.00									$141,664.00	$353,336.00		
12												$0.00	$500,000.00		
13												$10,257,959.48	($3,508,104.48)		
14												$0.00	$200,000.00		
15												$0.00	$275,000.00		
16												$0.00	$1,510,000.00		
17												$0.00	$120,000.00		
18												$0.00	$1,037,200.00		
19												$0.00	$550,000.00		
20												$0.00	$720,000.00		
21												$0.00	$200,000.00		
22												$0.00	$872,000.00		
23												$0.00	$85,000.00		
24												$0.00	$3,670,000.00		
25												$0.00	$200,000.00		
26												$0.00	$500,000.00		
27	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$10,709,828**	**$7,634,227**		
28															
29															
30															
31															
32															
33															
34															

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 2, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
35															
36															
37															
38															`

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 8, 2016

	A	B	C
1	**Expenditure**	**Current Approved Funding**	**October**
2	**Epidemiology Related Expenses**		
3	Supplies	$8,024	
4	Travel	$0	
5	Printing of educational materials for Flint school children.	$10,000	
6	Toxicologist	$34,976	
7	Epidemiologists (3)	$210,000	
8	Health Educator	$32,000	
9	**Subtotal Epidemiology Related Expenses**	**$295,000**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$365,000	$275,000.00
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000	
12	Nurse Family Partnership	$500,000	
13	Water Resources	$6,749,855	
14	Food Inspections	$200,000	
15	Medical Team to Assess Linkages to Legionairre's	$275,000	
16	Lead Abatement	$1,510,000	
17	Nutrition education through Genesee County Health Department	$120,000	
18	Mobile food banks	$1,037,200	
19	Children's Adolescent Health Centers	$650,000	
20	Pathways to Potential expansion (6 success coaches)	$720,000	
21	Children's Healthcare Access Program	$200,000	
22	Co-location of WIC staff	$872,000	
23	Lactation consultant	$85,000	
24	Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health	$3,670,000	
25	Michigan Child Care Collaborative (MC3) progam into Genesee County	$200,000	
26	Crisis counseling through Community Mental Health	$500,000	
27	**Total Flint Water Project**	**$18,444,055**	**$275,000.00**
28			
29	Notes:		
30	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.		
31	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriaton of $4,612,800 in 2016 PA 3.		
32	ETC Training Services Group is an Encumbrance		
33	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.		
34			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-8-16**	**Balance of Funds Available**		
2															
3												$0.00	$8,024.00		
4		$8.50										$8.50	($8.50)		
5												$0.00	$10,000.00		
6	$345.51	$5,286.34	$4,471.76									$13,833.67	$21,142.33		
7	$2,892.79	$9,497.38	$8,220.72									$25,623.08	$184,376.92		
8	$1,540.99		$2,940.45									$4,481.44	$27,518.56		
9	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$43,946.69**	**$251,053.31**		
10												$275,000.00	$90,000.00		
11	$70,832.00	$35,416.00	$35,416.00									$177,081.00	$317,919.00		
12												$500,000.00	$0.00		
13												$10,257,959.48	($3,508,104.48)		
14												$0.00	$200,000.00		
15												$0.00	$275,000.00		
16												$0.00	$1,510,000.00		
17												$0.00	$120,000.00		
18												$100,000.00	$937,200.00		
19												$0.00	$650,000.00		
20												$0.00	$720,000.00		
21												$200,000.00	$0.00		
22												$0.00	$872,000.00		
23												$0.00	$85,000.00		
24												$0.00	$3,670,000.00		
25												$200,000.00	$0.00		
26												$500,000.00	$0.00		
27	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,253,987**	**$6,190,068**		
28															
29															
30															
31															
32															
33															
34															

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 8, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
35															
36															
37															
38															`

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 17, 2016

	A	B	C
1	**Expenditure**	**Current Approved Funding**	**October**
2	**Epidemiology Related Expenses**		
3	Supplies	$8,024	
4	Travel	$0	
5	Printing of educational materials for Flint school children.	$10,000	
6	Toxicologist	$34,976	
7	Epidemiologists (3)	$210,000	
8	Health Educator	$32,000	
9	**Subtotal Epidemiology Related Expenses**	**$295,000**	**$0.00**
10	ETC Training Services Group - Environmental Blood Lead Investigators to conduct home investigations and testing to determine sources of lead exposure and to develop a plan to reduce/mitigate lead exposure.	$365,000	$275,000.00
11	Genesee County Health Department - nurse case management of children who have elevated blood levels.	$495,000	
12	Nurse Family Partnership	$500,000	
13	Water Resources	$6,749,855	
14	Food Inspections	$200,000	
15	Medical Team to Assess Linkages to Legionairre's	$275,000	
16	Lead Abatement	$1,510,000	
17	Nutrition education through Genesee County Health Department	$120,000	
18	Mobile food banks	$1,037,200	
19	Children's Adolescent Health Centers	$650,000	
20	Pathways to Potential expansion (6 success coaches)	$720,000	
21	Children's Healthcare Access Program	$200,000	
22	Co-location of WIC staff	$872,000	
23	Lactation consultant	$85,000	
24	Case management, care coordination, crisis services, behavioral health and developmental services through Community Mental Health	$3,670,000	
25	Michigan Child Care Collaborative (MC3) progam into Genesee County	$200,000	
26	Crisis counseling through Community Mental Health	$500,000	
27	**Total Flint Water Project**	**$18,444,055**	**$275,000.00**
28			
29	Notes:		
30	The approved funding includes supplemental appropriations included in 2015 PA 143 and 2016 PA 3.		
31	The approved funding for water resources consists of a supplemental appropriation of $1.0 million in 2015 PA 143, work project funding of $1,137,055, and a supplemental appropriaton of $4,612,800 in 2016 PA 3.		
32	ETC Training Services Group is an Encumbrance		
33	Water resources represent product ordered by the State from Home Depot as of 1/21/16 (filters, replacement cartridges, pitchers, bottled water), but not yet invoiced. FEMA ordered product is not included.		
34			

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 17, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**November**	**December**	**January through 1/25/16**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**Year to Date Expenditures and Purchase Commitments through 2-17-16**	**Balance of Funds Available**		
2															
3												$0.00	$8,024.00		
4		$8.50										$8.50	($8.50)		
5												$0.00	$10,000.00		
6	$345.51	$5,286.34	$4,471.76									$13,833.67	$21,142.33		
7	$2,892.79	$9,497.38	$8,220.72									$25,623.08	$184,376.92		
8	$1,540.99		$2,940.45									$7,088.20	$24,911.80		
9	**$4,779.29**	**$14,792.22**	**$15,632.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$46,553.45**	**$248,446.55**		
10												$275,000.00	$90,000.00		
11	$70,832.00	$35,416.00	$35,416.00									$177,081.00	$317,919.00		
12												$500,000.00	$0.00		
13												$10,257,959.48	($3,508,104.48)		
14												$0.00	$200,000.00		
15												$0.00	$275,000.00		
16												$0.00	$1,510,000.00		
17												$0.00	$120,000.00		
18												$100,000.00	$937,200.00		
19												$0.00	$650,000.00		
20												$0.00	$720,000.00		
21												$200,000.00	$0.00		
22												$0.00	$872,000.00		
23												$0.00	$85,000.00		
24												$0.00	$3,670,000.00		
25												$200,000.00	$0.00		
26												$500,000.00	$0.00		
27	**$75,611.29**	**$50,208.22**	**$51,048.93**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,256,594**	**$6,187,461**		
28															
29															
30															
31															
32															
33															
34															

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016 FLINT WATER PROJECT WEEKLY UPDATE
February 17, 2016

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
35															
36															
37															
38															`

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 FLINT WATER PROJECT

	A	B	C	D	E	F
1	**Flint Water Project**					
2	**Expenditure**	**Budget**	**Year to Date through 1-7-16**	**Projection to 9/30/16**	**Total 2016 Projection**	**Projected Balance**
3	Epidemiology Administration (PCA # 84470)					
4	Supplies	$8,024				
5	Travel		$8.50			
6	Educational Materials	$10,000				
7	Personnel	$99,976	$18,022.02			
8						
9	Jennifer Gray	$34,976	$3,581.17			
10	Courtney Wisinski	$65,000	$9,498.53			
11	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99			
12	**Sub Total Epi Administration**	**$150,000**	**$19,571.51**	**$0.00**	**$19,571.51**	**$130,428.49**
13	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00
14	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$141,664.00		$141,664.00	$283,336.00
15	**Total Flint Water Project**	**$850,000**	**$436,235.51**	**$0.00**	**$436,235.51**	**$413,764.49**
16						
17						
18	Note: ETC Training Services Group is an Encumbrance					

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES
APPROPRIATION # 14254 - CHILDHOOD LEAD PROGRAM
2016 GENERAL FUND SUMMARY (INCLUDES FLINT WATER PROJECT)

	A	B	C	D	E	F	G	H	I	J
1	**CLPPP GF (PCA # 84475)**									
2	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
3	Personnel	$41,840	$199.54		$199.54	$41,640.46				
4	Travel		$68.06	$340.30	$408.36	($408.36)				
5	CSSM	$5,610	$55.73	$278.65	$334.38	$5,275.62				
6	Detroit Dept. of Health and Wellness - Childhood Lead Poisoning Intervention	$53,750		$53,750.00	$53,750.00	$0.00				
7	Kent County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
8	Wayne County Health Department - Childhood Lead Poisoning Intervention	$6,250		$6,250.00	$6,250.00	$0.00				
9	**Total CLPPP GF**	**$113,700**	**$323.33**	**$66,868.95**	**$67,192.28**	**$46,507.72**				
10										
11	**Flint Water Project**									
12	**Expenditure**	**Budget**	**FY 16 through 12/18/2015**	**Projection to 9/30/16**	**Total FY 16 Projection**	**Projected Balance**				
13	Epidemiology Administration (PCA # 84470)									
14	Supplies	$8,024								
15	Jennifer Gray	$34,976	$3,581.17	$31,394.83						
16	Courtney Wisinski	$75,000	$9,498.53	$65,501.47						
17	MPHI - Great Lakes Restoration Initiative Project Coordinator(Michelle Bruneau)	$32,000	$1,540.99	$30,459.01						
18	**Sub Total Epi Administration**	**$150,000**	**$14,620.69**	**$127,355.31**	**$141,976.00**	**$8,024.00**				
19	ETC Training Services Group - Environmental Blood Lead Investigators	$275,000	$275,000.00		$275,000.00	$0.00				
20	Genesee County Health Department - Emergency Elevated Lead Management in Flint (PCA # 84480)	$425,000	$106,248.00	$318,752.00	$425,000.00	$0.00				
21	**Total Flint Water Project**	**$850,000**	**$395,868.69**	**$446,107.31**	**$841,976.00**	**$8,024.00**				
22										
23	**Total Appropriation # 14254 General Fund**	**$963,700**	**$396,192.02**	**$512,976.26**	**$909,168.28**	**$54,531.72**				
24										
25	Note: ETC Training Services Group is an Encumbrance									

DHHS Fiscal Year: 2015

Work Project	Emergency Services Local Office Allocations - Flint Water Safety
Estimated Completion Cost	$1,016,000
Estimated Completion Date	9/30/2016
Appropriation Number	32640
Appropriation Title	Emergency services local office allocations
Estimated End of Year Appropriation Balance	$1,016,000
Estimated Total Carry Forward Amount	$1,016,000
Work Project Carry Forward	"Entire Balance"
Fund Number (D23)	0901 – Est. end of year balance $1,016,000
Fund Name (D23)	State General Purpose / General Fund
Estimated End of Year Fund Balance	$1,016,000
Estimated Total Carry Forward Amount	$1,016,000
Project Purpose:	
The Department will utilize surplus FY 2015 Emergency services local office allocation funding to distribute residential water filters for MDHHS clients (FIP, FAP, CDC, SDA, SSI and WIC clients) as outlined in the official action plan for the City of Flint. It is estimated 14,427 client households are located in zip codes 48503 and 48504. The water filters will be maintained by the Community Action Agency for distribution to local offices as needed.	
Is there statutory authority designating this project?	No
Public Act and Boilerplate Section	N/A
Is Implementation Plan available for review?	In development. Multi-departmental collaborative with State of Michigan DEQ, MDHHS, Federal EPA, City of Flint, Genesee County and other stakeholders, partners participating in the plan's development.
Summary of Implementation Plan	
This is part of the roll out of the entire implementation plan that is currently on a fast track to ensure: testing at schools and homes; determine lead exposure of residents; water testing; corrosion controls; technical assistance; water improvement and replacement of faulty water lines. Both short and long-term action plans are being developed for immediate implementation, but are not complete or ready for review. DHHS has developed specific coding structures and is currently developing policy protocols and staff alerts to institute the distribution of water filters and to provide services as authorized as quickly as possible.	

Flint Water Public Health Response: MDHHS Action Plan Summary

Work Project #XXXX – FLINT WATER SAFETY

Updated 10-28-15

TASK	STATUS	ACTION	DATE COMPLETED
Filter Distribution	Residents may continue to obtain filters from GCCARD (both sites 9-4PM) and MDHHS clients can continue to obtain filters at the two MDHHS office locations or the GCCARD sites. As of October 22, DHHS/GCCARD has issued 9728 filters, 95 pitchers.	No action indicated, informational only.	NA
Filter Replacement Distribution	The procedure is in place for replacement cartridge distribution including an abbreviated application for residents to apply for and obtain cartridge replacement. Cartridge replacement will occur at same locations as filter sites. DHHS is also placing an order for 750 replacement filters for the 8-cup Zerowater filters. 9000 Brita replacement filters on hand with an additional 10,000 readily available when needed. Total available= 19,000 MDHHS is currently coordinating with GCARD on publicity for distribution of the replacement filters.	DHHS and GCCARD will begin issuing the replacement filters the week of November 2nd.	**Pending**
Public Education Proper Filter Use	When used improperly, the filters will exceed their capacity limit in a much shorter time frame thereby increasing need for filter replacement much sooner than expected. Develop NEW public education material about proper use of cartridge AND how to obtain filter replacement cartridges, targeted for release week of October 26 during lead awareness week.	MDHHS PIO coordinating with GCHD	**Estimated completion date: 10-30-15**
	Video created with Home Depot demonstrating replacement of the Brita replacement filter.	The video will be posted on the gov/flintwater website.	**Pending**
Lead Testing Protocol:	Draft protocol has been completed, undergoing final review. Protocol calls for testing: Priority groups-	Protocol will be announced in a joint MDHHS/GCHD Press	**Pending**

TASK	STATUS	ACTION	DATE COMPLETED
	• Confirmatory venous testing for children who had venous testing (115 children) • Children in day care, Head Start • children attending 3 schools (Freeman, Eisenhower, Brownell) • Children residing in high risk zip codes (03, 04) • All other students	release.	
Lead Testing: 9/28/15-10/23/15	10-21-15 Funding for case management nurses will be disseminated to GCHD through new project: *Flint Water*, for $425,000 through the Comprehensive Contract Egrams system, to fund the: Follow-up of Children Reported with Elevated Lead Levels: Case Management Services. GCHD has secured approvals for use of these funds and has begun procedures to place staff in appropriate positions to conduct the work.	MDHHS has arranged a contract with the GCHD to provide nurses for the follow-up.	Contract in Egrams as of 10-23-15
Parent education	Parent education material completed. Discuss dissemination of parent material through Flint schools.	Call with Flint school superintendent, GCHD, and MDHHS scheduled 10-26-15 to discuss dissemination process.	
	Schools require 6000+ information packets for distribution to all students. Print order sent to DTMB. Hardcopy will be distributed to GCHD for issuing to the schools, and to Headstart, daycare, and other agencies in Flint with children ages 0-5.	Expect hardcopy delivery by 11-2-15.	Dissemination week of 11-2-15
Provider Education	Provider Education material completed. Communication to providers will occur through GCHD and MDHHS networks (GCMS, GCARD, hospitals, etc).MDHHS will distribute through the Medicaid Health Plans.	Electronic distribution through various listservs is pending. (all parties).	Week of 11-2-15
Community public education and testing event	McLaren Health Plan in conjunction with GCHD hosting a public testing and awareness event on November 5 at the Burton GCHD site. McLaren will have providers on site to perform testing for their members; GCHD onsite to perform testing for all others. Event will also include Medicaid application assistance. GCHD will be at a community event on Nov. 12, from 2 PM to 7 PM, to focus on testing for children 0-5. (Brownell and Holmes Schools)		
Environmental	$275 k contract with ETC requested on Oct. 21st, 2015.	MDHHS finalizing	

TASK	STATUS	ACTION	DATE COMPLETED
Investigation	Will work with GCHD to coordinate with Flint Housing/other authorities to deal with recalcitrant landlords.	contracts	

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

Work Project #3680 - Flint Water Safety

A public health emergency has been declared in Flint, Michigan, after tests showed the city's water supply is causing elevated levels of lead in children, following months of complaints about the smell and taste. There are approximately 39,000 households in the city of Flint, of which 14,400 are in the 48503 and 48504 zip codes where the most extreme levels of lead exposure have been identified. Many of these residents are clients of the Department of Health and Human Services (DHHS).

The MDHHS is committed to working with our clients that have been impacted to ensure: testing at schools and homes; determine lead exposure of residents; water testing; corrosion controls; technical assistance; water improvement and replacement of faulty water lines. The DHHS has requested work project authorization totaling $1,016,000 in Emergency services local office allocation funding to distribute residential water filters for MDHHS clients as outlined in the official action plan for the City of Flint.

The water filters will be maintained by the Community Action Agency for distribution to local offices as needed. Communication has been issued to our clients making them aware of the locations and times for distribution of the filters.

The DHHS also received $850,000 General Funds through a FY16 supplemental. This funding will be used to hire seven or eight contracted staff for lead follow-up services. There are two sets of follow-up services: one focuses on the house/environment and one focuses on the child.

Nursing services will be made available to Flint families, making visits to review the elevated blood level investigation results with the family, assure they understand where the hazards are, and to coach them on what steps to take to address them (safe cleaning techniques, taping covers over peeling/chipping paint, use of bottled water for mixing formula or cooking, how long to run their water to flush their pipes, etc.). They will also conduct a nutritional assessment and provide nutritional counseling (calcium and iron can help block the uptake of lead into the bones), do a developmental screening and if needed make referrals for developmental services in the community, and monitor the child's lead levels to see if they're dropping, and communicate with primary care providers if another test is due to monitor blood levels.

Trained certified inspectors will also be sent to homes to test the various surfaces for lead, collect dust samples and submit to the lab, do visual inspections and take photos, do water testing, and submit reports summarizing the results.

In order to monitor the implementation of the project, the DHHS and the Genesee County Health Department hold meetings twice a week to discuss the progress of the plan to help our clients. Attached is a list of things that are monitored during these meetings and the plan is updated based on the status of each item. The DHHS will continue to fully implement the plans for the Flint Water Safety Project.

	A	B	C
1	**Department of Health and Human Services**		
2	**Fiscal Year 2016 Spend Plan**		
3			
4	**PROGRAM AREA:**	***PUBLIC ASSISTANCE***	
5	**LINE ITEM:**	***SUMMARY OF ALL LINE ITEMS***	
6			
7			**FTEs**
8	**State Employees**		
9		Payroll costs (all S&W, overtime, longevity, insurance, retirement, taxes and terminal leave payouts) - Refugee assistance program - see detail sheets	7.0
10		***TOTAL EMPLOYEE COSTS***	***7.0***
11			
12	**Materials and Supplies**		
13		Materials, supplies, and equipment -See SSI Administration and Refugee assistance detail sheets	0.0
14		***TOTAL CSS&M COSTS***	***0.0***
15			
16	**Information Technology**		
17		Information technology services	0.0
18		***TOTAL INFORMATION TECHNOLOGY COSTS***	***0.0***
19			
20	**Travel**		
21		Travel Costs	0.0
22		***TOTAL TRAVEL COSTS***	***0.0***
23			
24	**Facilities Costs**		
25		Occupancy	0.0
26		Rent	0.0
27		Maintenance Costs/Other	0.0
28		***TOTAL FACILITIES COSTS***	***0.0***
29			
30	**Direct Client Payments**		
31		Includes all payments directly to clients	0.0
32		FIP, SDA, FAP, SSI Supplements, LIHEAP, MEAP, SER benefits	
33		and Refugee assistance - see detail sheets	
34			
35			
36		***TOTAL DIRECT CLIENT PAYMENTS***	***0.0***
37			

	D	E	F	G	H	I	J
1							
2							
3							
4							
5							
6							
7	Gross	Oct-Dec Expenses	Projected Expenditures Jan-Sep	Projected FY16 Ending Balance			
8							
9	$752,600						
10	***$752,600***	***$ 160,300***	***$ 679,900***	***$ (87,600)***	ok	-$87,600	
11							
12							
13	$409,100						
14	***$409,100***	***$ 8,617***	***$ 181,183***	***$ 219,300***	ok	$219,300	
15							
16							
17	$0						
18	***$0***						
19							
20							
21	$0						
22	***$0***						
23							
24							
25	$0						
26	$0						
27	$0						
28	***$0***						
29							
30							
31	$2,685,606,200						
32							
33							
34							
35							
36	***$2,685,606,200***	***$ 603,421,599***	***$ 1,849,175,401***	***$ 233,009,200***	ok	$233,009,200	
37							

	A	B	C
38			
39	**Medical Payments on Behalf of Clients**		
40		Medical services - Refugee assistance - see detail sheets	0.0
41		***TOTAL MEDICAL COSTS***	***0.0***
42			
43			
44	**Education Expenses on Behalf of Clients or Students**		
45		Education services	0.0
46		***TOTAL EDUCATION COSTS***	***0.0***
47			
48	**Contract Costs**		
49		Direct Client Services : SSI Admin, LIHEAP, MEAP, Food Bank,	0.0
50		Refugee assistance (Multicultural = health side) - see detail sheets	0.0
51		(Examples: Private agency foster care,	0.0
52		adoption support services, weatherization	0.0
53		services, refugee case management, food	0.0
54		bank funding, etc.)	0.0
55			
56		Support Services	
57		LIHEAP HHC administration - see detail sheet	0.0
58		(Examples: Contract employees, marketing	0.0
59		legal representation, fraud detection activities,	0.0
60		EBT, state disbursement unit, etc.)	0.0
61		***TOTAL CONTRACT COSTS***	***0.0***
62			
63	**Other Costs**		
64		LIHEAP, Indigent Burial and Refugee assistance - see detail sheets. Also contains $1.0 million ESLOA Supplemental - Flint water filters	0.0
65		Worker's compensation,	0.0
66		hearings, attorney general services, employment	0.0
67		and training support services, local office	0.0
68		allocations, human resources - interagency billing,	0.0
69		civil service charges, payments to local governments etc.)	0.0
70		Non-Committed funding for deputy discretion - see LIHEAP and Refugee detail sheets	0.0
71		***TOTAL OTHER COSTS***	***0.0***
72			
73	**Spending Areas Not Categorized Above:**		
74	If for any reason you are unable to classify a spending area in the above categories, please list it here.		
75	**Costs Not Categorized Above**		
76			
77		**TOTAL EXPENDITURES/FINANCING (sans Multicultural)**	7.0

	D	E	F	G	H	I	J
38							
39							
40	$2,445,400						
41	***$2,445,400***	***$ 52,639***	***$ 2,392,761***	***$*** -	ok	$0	
42							
43							
44							
45	$0						
46	***$0***						
47							
48							
49	$0						
50	$153,987,000	$ 2,952,800	$ 125,343,000	$ 25,691,200	ok	$25,691,200	
51							
52							
53							
54							
55							
56							
57	$2,430,000	$ -	$ 2,430,000	$ -		$0	
58	$0						
59	$0						
60	$0						
61	***$156,417,000***	***$ 2,952,800***	***$ 127,773,000***	***$ 25,691,200***	ok	$25,691,200	
62							
63							
64	$31,918,335	$ 11,405,610	$ 20,210,525	$ 302,200		$302,200	
65							
66	$0						
67	$0						
68	$0						
69	$0						
70	$4,434,165	$ -	$ 1,274,865	$ 3,159,300		$3,159,300	
71	***$36,352,500***	***$ 11,405,610***	***$ 21,485,390***	***$ 3,461,500***	ok	$3,461,500	
72							
73							
74							
75							
76							
77	$2,881,982,800	$ 618,001,565	$ 2,001,687,635	$ 262,293,600		$262,293,600	

	A	B	C
78			
79	**Additional Information:**		
80	(1) If you anticipate additional spending needs outside of this appropriation please provide		
81	a detailed explanation as to what may cause any overexpenditure.		
82			
83	(2) If you do not anticipate fully expending this appropriation please provide		
84	a detailed explanation for the potential lapse of funds.		
85			
86			
87			ok
88			

	D	E	F	G	H	I	J
78							
79							
80							
81							
82							
83							
84							
85							
86						$ -	off by - dbl ck exp vs PFSA1 sans Multi
87	*ok*	*Dbl ck authorization vs PFSA1 incl Suppl*				$ -	off by - dbl ck auth vs pfsa1 sans Multi
88						$ -	off by - dbl ck surplus vs pfsa1 (which includes Multi but is fully exp)

	A	B	C
1	**Department of Health and Human Services**		
2	**Fiscal Year 2016 Spend Plan**		
3			
4	**PROGRAM AREA: PUBLIC ASSISTANCE**		
5	**LINE ITEM: Family independence program**		
6			
7			**FTEs**
8			
9	**Direct Client Payments**	Family independence program client benefits	0.0
10		Clothing Allowance (100% TANF funded)	0.0
11		Suspicion-based Drug Testing Pilot	0.0
12		***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***
13			
14			
15	**Spending Areas Not Categorized Above:**		
16	If for any reason you are unable to classify a spending area in the above categories, please list it here.		
17	**Costs Not Categorized Above**		
18		**TOTAL EXPENDITURES/FINANCING**	0.0
19			
20	**Additional Information:**		
21	(1) If you anticipate additional spending needs outside of this appropriation please provide		
22	a detailed explanation as to what may cause any overexpenditure.		
23			
24	(2) Detailed explanation for the potential lapse of funds: Declining caseload and lower-than-budgeted cost per case		
25			
26			
27		Projected Caseload 24,700 vs budgeted caseload 25,473	(773)
28		Current calc Cost/case cost incl calc Clothing (not pilot) $363.30 vs Budgeted Cost/Case of $368.67 that incl Clothing (but not Pilot)	$ (5.37)
29		Cost diff re: caseloads/clothing	0
30		Net est of savings	
31			
32			

	D	E	F	G	H	I
1						
2						
3						
4						
5						
6						
7	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**		
8						
9	$109,812,700	$26,920,000	$77,859,700	$5,033,000		
10	$2,880,000		$2,880,000	$0		
11	$300,000	$0	$300,000	$0		
12	***$112,992,700***	***$26,920,000***	***$81,039,700***	***$5,033,000***		
13						
14						
15						
16						
17						
18	$112,992,700	$26,920,000	$81,039,700	$5,033,000		
19						
20						
21						
22						
23						
24						
25						
26						
27	$ (3,419,782.92)	Annualized caseload decrease, @ total budgeted/calc cost $368.67 incl Clothing, not Drug Test pilot				
28	$ (1,591,668.00)	Annualized cost per case reduction for all Q1 proj cases (24,700) for 12 months				
29	0	Relates to reg caseload reduction w/o cost change				
30	$ (5,011,450.92)					
31	$ 21,549.08	Surplus remainder unexplained				
32	0.43%	vs proj surplus - extremely accurate explanation of projected surplus				

	J
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	dbl ck
12	$5,033,000
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

Cell: C7
Comment: Madsen, Patricia (DHHS):
From Orig Spending Plans

Cell: D7
Comment: Madsen, Patricia (DHHS):
From Original Spending Plans

	A	B	C
1	**Department of Health and Human Services**		
2	**Fiscal Year 2016 Spend Plan**		
3			
4	**PROGRAM AREA: PUBLIC ASSISTANCE**		
5	**LINE ITEM: State disability assistance payments**		
6			
7			**FTEs**
8			
9	**Direct Client Payments**	State disability assistance payments to clients	0.0
10		***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***
11			
12			
13	**Spending Areas Not Categorized Above:**		
14	If for any reason you are unable to classify a spending area in the above categories, please list it here.		
15	**Costs Not Categorized Above**		
16		**TOTAL EXPENDITURES/FINANCING**	0.0
17			
18	**Additional Information:**		
19	(1) If you anticipate additional spending needs outside of this appropriation please provide		
20	a detailed explanation as to what may cause any overexpenditure.		
21			
22	(2) Detailed explanation for the potential lapse of funds: Declining caseload and lower-than-budgeted cost per case		
23			
24			
25		Budgeted cases = 5566 vs TD proj 4629 @ orig $209.88	(937)
26		Budgeted cost of $209.88 vs YTD avg of $207.89	$ (1.99)
27		Total difference - FY16 budgeted vs Q1 proj	
28			
29			

	D	E	F	G	H	I	J
1							
2							
3							
4							
5							
6							
7	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**			
8							
9	$14,018,300	$2,972,476	$8,584,824	$2,461,000			dbl ck
10	***$14,018,300***	***$2,972,476***	***$8,584,824***	***$2,461,000***			$2,461,000
11							
12							
13							
14							
15							
16	$14,018,300	$2,972,476	$8,584,824	$2,461,000			
17							
18							
19							
20							
21							
22							
23							
24							
25	$ (2,359,890.72)						
26	$ (110,540.52)						
27	$ (2,470,431.24)						
28	$ (9,431.24)	Surplus remainder unexplained					
29	-0.38%	vs proj surplus - extremely accurate explanation of projected surplus					

	A	B	C
1	**Department of Health and Human Services**		
2	**Fiscal Year 2016 Spend Plan**		
3			
4	**PROGRAM AREA: PUBLIC ASSISTANCE**		
5	**LINE ITEM: Food assistance program benefits**		
6			
7			**FTEs**
8			
9	**Direct Client Payments**	Food assistance program benefits to clients	0.0
10		MiCAFE federal share at 70% (ADMIN16-99019)	0.0
11		***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***
12			
13			
14	**Spending Areas Not Categorized Above:**		
15	If for any reason you are unable to classify a spending area in the above categories, please list it here.		
16	**Costs Not Categorized Above**		
17		**TOTAL EXPENDITURES/FINANCING**	0.0
18			
19	**Additional Information:**		
20	(1) If you anticipate additional spending needs outside of this appropriation please provide		
21	a detailed explanation as to what may cause any overexpenditure.		
22			
23	(2) Detailed explanation for the potential lapse of funds: Declining caseload and lower-than-budgeted cost per case		
24			
25		Budgeted cases 842,537 vs TD 784,096 at budgeted cost of $239.26	
26		Cost per case was budgeted at $239.26 and is now projected at $233.06	
27			
28			
29		Recoupment plug "one-time" (similar to Clothing Allowance plug in FIP)	
30			
31			

	D	E	F	G	H	I	J
1							
2							
3							
4							
5							
6							
7	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**			
8							
9	$2,418,525,600	$553,014,237	$1,643,440,863	$222,070,500			
10	$500,300	$0	$500,300	$0			dbl ck
11	***$2,419,025,900***	***$553,014,237***	***$1,643,941,163***	***$222,070,500***			$222,070,500
12							
13							
14							
15							
16							
17	$2,419,025,900	$553,014,237	$1,643,941,163	$222,070,500			
18							
19							
20							
21							
22							
23							
24							
25	(58,441)	$ (167,791,123.92)	caseload component of surplus				
26	$ (6.20)	$ (58,336,742.40)	cost/case component of surplus				
27		$ (226,127,866.32)	amount of surplus that is explained				
28		$ (4,057,366.32)	difference between calc surplus and proj surplus				
29		$ 4,048,800.00	Amount of Recoupment "one-time" plug in Q1 projection				
30		$ (8,566.32)	Unexplained difference				
31		-0.004%	Explanation of surplus is extremely accurate				

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: State supplementation**
6	
7	
8	**Direct Client Payments**
9	
10	
11	
12	**Spending Areas Not Categorized Above:**
13	If for any reason you are unable to classify a spending area in the above categories, please list it here.
14	**Costs Not Categorized Above**
15	
16	
17	**Additional Information:**
18	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
19	
20	
21	(2) Detailed explanation for the potential lapse of funds: Declining caseload offset by higher-than-budgeted cost per case
22	
23	
24	
25	
26	
27	

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8	SSI State supplementation payments to clients	0.0	$63,194,100	$17,199,442	$45,718,358	$276,300
9	***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***	***$63,194,100***	***$17,199,442***	***$45,718,358***	***$276,300***
10						
11						
12						
13						
14						
15	**TOTAL EXPENDITURES/FINANCING**	0.0	$63,194,100	$17,199,442	$45,718,358	$276,300
16						
17						
18						
19						
20						
21						
22						
23	Budgeted cases = 276,585 vs TD proj 273,950 @ orig $19.04	(2635)	$ (602,044.80)			
24	Budgeted cost of $19.04 vs YTD avg of $19.14	$ 0.10	$ 328,740.00			
25	Total difference - FY16 budgeted vs Q1 proj		$ (273,304.80)			
26			$ 2,995.20	Surplus remainder unexplained		
27			1.08%	vs proj surplus - extremely accurate explanation of projected surplus		

	H	I	J
1			
2			
3			
4			
5			
6			
7			
8			dbl ck
9			$276,300
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: State supplementation administration**
6	
7	
8	**Materials and Supplies**
9	
10	
11	**Contract Costs**
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	**Spending Areas Not Categorized Above:**
28	If for any reason you are unable to classify a spending area in the above categories, please list it here.
29	**Costs Not Categorized Above**
30	
31	

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8	Materials, supplies, and equipment (this is the State administrative portion including hotline, postage and Electronic Funds Transfer of Independent Living and Household of Another payments paid via EFT by the Michigan Department of Treasury per data files sent by Social Security Administration and DHHS Bridges system through Accounting Division)	0.0	$381,100	$0	$161,800	$219,300
9	***TOTAL CSS&M COSTS***	***0.0***	***$381,100***	***$0***	***$161,800***	***$219,300***
10						
11						
12	Direct Client Services		$0	$0	$0	$0
13	Electronic Funds Transfer payments to Federal government for federal share of caseload: Domicilary care, nursing home, Homes for the Aged and Other caseload (everything except Independent Living and Household of Another, paid above). TFCS #021030004 for deposit to Social Security Administration at Federal Reserve, New York, from program office document submission	0.0	$2,000,000	$602,000	$1,063,000	$335,000
14			$0	$0	$0	$0
15			$0	$0	$0	$0
16			$0	$0	$0	$0
17			$0	$0	$0	$0
18						
19	Support Services					
20			$0	$0	$0	$0
21			$0	$0	$0	$0
22			$0	$0	$0	$0
23			$0	$0	$0	$0
24	***TOTAL CONTRACT COSTS***	***0.0***	***$2,000,000***	***$602,000***	***$1,063,000***	***$335,000***
25						
26						
27						
28						
29						
30	**TOTAL EXPENDITURES/FINANCING**	0.0	$2,381,100	$602,000	$1,224,800	$554,300
31						

	A
32	**Additional Information:**
33	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
34	
35	
36	(2) Detailed explanation for the potential lapse of funds: Declining caseload and possible Electronic Funds Transfer administrative savings (too soon to be certain).

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: Low-income home energy assistance program**
6	
7	
8	**Direct Client Payments**
9	
10	
11	**Contract costs**
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	**Other Costs**
26	
27	
28	
29	
30	
31	**Spending Areas Not Categorized Above:**
32	If for any reason you are unable to classify a spending area in the above categories, please list it here.
33	**Costs Not Categorized Above**
34	
35	
36	**Additional Information:**
37	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8	Low-income energy assistance program benefits to clients. (LIHEAP) Crisis assistance and (LIHEAP) Weatherization funds		$57,400,000	$0	$57,400,000	$0
9	***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***	***$57,400,000***	***$0***	***$57,400,000***	***$0***
10						
11	Direct Client Services					
12	LIHEAP Michigan Energy Assistance Program and Home Heating Credit (HHC)	0.0	$87,250,300	$0	$61,981,700	$25,268,600
13			$0	$0	$0	$0
14			$0	$0	$0	$0
15			$0	$0	$0	$0
16			$0	$0	$0	$0
17						
18	Support Services					
19	HHC administration funding to MI Dept of Treasury	0.0	$2,430,000	$0	$2,430,000	$0
20			$0	$0	$0	$0
21			$0	$0	$0	$0
22			$0	$0	$0	$0
23	***TOTAL CONTRACT COSTS***	***0.0***	***$89,680,300***	***$0***	***$64,411,700***	***$25,268,600***
24						
25						
26	DHHS administration costs (separate from HHC administration paid to MI Dept of Treasury cited above)	0.0	$13,697,420	$51,408	$13,646,012	$0
27	Projected FY 2016 year-end carryforward funding	0.0	$12,899,015	$10,464,802	$2,434,213	$0
28	Non-committed funding for deputy discretion	0.0	$1,274,865	$0	$1,274,865	$0
29	***TOTAL OTHER COSTS***	***0.0***	***$27,871,300***	***$10,516,210***	***$17,355,090***	***$0***
30						
31						
32						
33						
34	**TOTAL EXPENDITURES/FINANCING**	0.0	$174,951,600	$10,516,210	$139,166,790	$25,268,600
35						
36						
37						

	A
38	
39	
40	(2) Authorization of $174.95 million exceeds anticipated FY 2016 grant award and carryforward of $162.54 million - subject to change as final awards may include Contingency and/or Leveraging awards.
41	Please see the SBO-approved FY 2016 LIHEAP spending plan for details.

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: Michigan energy assistance program**
6	
7	
8	**Contract costs**
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	**Spending Areas Not Categorized Above:**
19	If for any reason you are unable to classify a spending area in the above categories, please list it here.
20	**Costs Not Categorized Above**
21	
22	
23	**Additional Information:**
24	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
25	
26	
27	(2) If you do not anticipate fully expending this appropriation please provide a detailed explanation for the potential lapse of funds.

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8	Direct Client Services					
9	Michigan Energy Assistance program benefits	0.0	$50,000,000	$2,350,800	$47,649,200	$0
10	Note: The 1.0 FTE is au thorized to MDHHS but resides at DLARA					
11						
12	Support Services					
13			$0	$0	$0	$0
14			$0	$0	$0	$0
15			$0	$0	$0	$0
16			$0	$0	$0	$0
17	***TOTAL CONTRACT COSTS***	***0.0***	***$50,000,000***	***$2,350,800***	***$47,649,200***	***$0***
18						
19						
20						
21	**TOTAL EXPENDITURES/FINANCING**	0.0	$50,000,000	$2,350,800	$47,649,200	$0
22						
23						
24						
25						
26						
27						

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: Food bank funding**
6	
7	
8	**Contract Costs**
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	**Spending Areas Not Categorized Above:**
19	If for any reason you are unable to classify a spending area in the above categories, please list it here.
20	**Costs Not Categorized Above**
21	
22	
23	**Additional Information:**
24	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
25	
26	
27	(2) If you do not anticipate fully expending this appropriation please provide a detailed explanation for the potential lapse of funds.

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8						
9	Direct Client Services					
10	Contracts - Food Bank Council of Michigan & MASS (MI Ag Surplus)	0.0	$1,795,000	$0	$1,795,000	$0
11						
12	Support Services					
13			$0	$0	$0	$0
14			$0	$0	$0	$0
15			$0	$0	$0	$0
16			$0	$0	$0	$0
17	***TOTAL CONTRACT COSTS***	***0.0***	***$1,795,000***	***$0***	***$1,795,000***	***$0***
18						
19						
20						
21	**TOTAL EXPENDITURES/FINANCING**	0.0	$1,795,000	$0	$1,795,000	$0
22						
23						
24						
25						
26						
27						

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: Indigent burial**
6	
7	
8	**Other Costs**
9	
10	
11	
12	**Spending Areas Not Categorized Above:**
13	If for any reason you are unable to classify a spending area in the above categories, please list it here.
14	**Costs Not Categorized Above**
15	
16	
17	**Additional Information:**
18	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
19	
20	
21	(2) Detailed explanation for the potential lapse of funds: Fewer than budgeted reimbursements.

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8						
9	Indigent Burial payments to funeral homes/funeral directors for burial/cremation of indigent persons	0.0	$4,300,000	$888,100	$3,109,700	$302,200
10	***TOTAL OTHER COSTS***	***0.0***	***$4,300,000***	***$888,100***	***$3,109,700***	***$302,200***
11						
12						
13						
14						
15	**TOTAL EXPENDITURES/FINANCING**	0.0	$4,300,000	$888,100	$3,109,700	$302,200
16						
17						
18						
19						
20						
21						

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: Emergency services local office allocations**
6	
7	
8	**Direct Client Payments**
9	
10	
11	**Spending Areas Not Categorized Above:**
12	
13	
14	
15	
16	
17	**Additional Information:**
18	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
19	
20	
21	(2) Detailed explanation for the potential lapse of funds: Utilized rate-of-change calculation for Q1 expenditure projection. Budget Division to monitor - projection subject to change upon management direction.

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8	State emergency relief services (including, but not limited to: non-energy home repairs, water or sewage, cooking gas as allowed in DHHS policy)	0.0	$10,357,500	$1,797,900	$5,391,200	$3,168,400
9	***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***	***$10,357,500***	***$1,797,900***	***$5,391,200***	***$3,168,400***
10						
11						
12	FY 2016 Supplemental for Flint water filters	0.0	$1,000,000	0	$1,000,000	$0
13	***COSTS NOT CATEGORIZED ABOVE***	***0.0***	***$1,000,000***	***$0***	***$1,000,000***	***$0***
14						
15	**TOTAL EXPENDITURES/FINANCING**	0.0	$11,357,500	$1,797,900	$6,391,200	$3,168,400
16						
17						
18						
19						
20						
21						

	A
1	**Department of Health and Human Services**
2	**Fiscal Year 2016 Spend Plan**
3	
4	**PROGRAM AREA: PUBLIC ASSISTANCE**
5	**LINE ITEM: Refugee assistance program**
6	
7	
8	**State Employees**
9	
10	
11	**Materials and Supplies**
12	
13	
14	
15	**Direct Client Payments**
16	
17	
18	
19	**Medical Payments on Behalf of Clients**
20	
21	
22	
23	**Contract Costs**
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	**Other Costs**

	B	C	D	E	F	G
1						
2						
3						
4						
5						
6						
7		**FTEs**	**Gross**	**Oct-Dec Expenses**	**Projected Expenditures Jan-Sep**	**Projected FY16 Ending Balance**
8	Salaries and Wages (includes overtime, longevity, and terminal leave payouts) and estimated benefit costs	7.0	$752,600	$160,300	$679,900	($87,600)
9	***TOTAL EMPLOYEE COSTS***	***7.0***	***$752,600***	***$160,300***	***$679,900***	***($87,600)***
10						
11	Materials, supplies, and equipment	0.0	$28,000	$8,617	$19,383	$0
12	***TOTAL CSS&M COSTS***	***0.0***	***$28,000***	***$8,617***	***$19,383***	***$0***
13						
14						
15	Refugee assistance program benefits to clients	0.0	$8,617,700	$1,517,544	$7,100,156	$0
16	***TOTAL DIRECT CLIENT PAYMENTS COSTS***	***0.0***	***$8,617,700***	***$1,517,544***	***$7,100,156***	***$0***
17						
18						
19						
20	Medical services - Refugee medical assistance	0.0	$2,445,400	$52,639	$2,392,761	$0
21	***TOTAL MEDICAL COSTS***	***0.0***	***$2,445,400***	***$52,639***	***$2,392,761***	***$0***
22						
23						
24	Direct Client Services					
25	Unaccompanied Refugee Minor services - various providers	0.0	$12,941,700	$0	$12,854,100	$87,600
26			$0	$0	$0	$0
27			$0	$0	$0	$0
28			$0	$0	$0	$0
29			$0	$0	$0	$0
30						
31	Support Services					
32			$0	$0	$0	$0
33			$0	$0	$0	$0
34			$0	$0	$0	$0
35			$0	$0	$0	$0
36	***TOTAL CONTRACT COSTS***	***0.0***	***$12,941,700***	***$0***	***$12,854,100***	***$87,600***
37						
38						

	A
39	
40	
41	
42	
43	**Spending Areas Not Categorized Above:**
44	If for any reason you are unable to classify a spending area in the above categories, please list it here.
45	**Costs Not Categorized Above**
46	
47	
48	**Additional Information:**
49	(1) If you anticipate additional spending needs outside of this appropriation please provide a detailed explanation as to what may cause any overexpenditure.
50	
51	
52	(2) Detailed explanation for the potential lapse of funds: Q1 FY 2016 expenditure projection is based on FY 2016 program office official request for federal Refugee funds based on anticipated spending.

	B	C	D	E	F	G
39	Staff travel, telecommunications charges	0.0	$21,900	$1,300	$20,600	$0
40	Non-committed funding for deputy discretion	0.0	$3,159,300	$0	$0	$3,159,300
41	***TOTAL OTHER COSTS***	***0.0***	***$3,181,200***	***$1,300***	***$20,600***	***$3,159,300***
42						
43						
44						
45						
46	**TOTAL EXPENDITURES/FINANCING**	7.0	$27,966,600	$1,740,400	$23,066,900	$3,159,300
47						
48						
49						
50						
51						
52						

	A	B	C	D
1	**STATE BUDGET OFFICE**			
2	**BUDGETARY TRANSACTION PROCESSING IN MAIN-FACS**			
3				
4				
5	**TYPE OF TRANSACTION:**	**Supplemental**		
6	**AGENCY CODE:**	391		
7	**DEPARTMENT:**	Department of Health and Human Services		
8	**FILE #:**	391007		
9	**FISCAL YEAR:**	2016		
10	**DATE:**	11/13/2015		
11				
12				
13				**"20"**
14	**UNIT/LINE ITEM TITLES**		**AY**	**APPR #**
15	TO:	**FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES**		
16		Childhood Lead Program	2016	14254
17		State general fund/general purpose		
18				
19	**GRAND TOTAL:**			
20				
21	**EXPLANATION:**	To appropriate supplemental funds authorized in P.A. 143 of 2015 for the Flint water project.		
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				

	E	F	G	H	I	J	K	L
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12			**1st QTR**	**2nd QTR**	**3rd QTR**	**4th QTR**	**TOTAL**	**TOTAL**
13	**"D23"**	**FINANCE**	**Effective**	**Effective**	**Effective**	**Effective**	**"D23"**	**"20"**
14	**FUND #**	**TYPE**	**10/01**	**01/01**	**04/01**	**07/01**	**FUND**	**APPR**
15								
16								$850,000
17	0100	01	$425,000	$425,000			$850,000	
18								
19			**$425,000**	**$425,000**	**$0**	**$0**	**$850,000**	**$850,000**
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								

	A	B	C	D
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70	Administrative Transfer			
71	Legislative Transfer			
72	Supplemental			
73	Boilerplate Supplemental			
74	Executive Order Reorganization			
75	Other Transaction Processing			

	A	B	C
1	**STATE BUDGET OFFICE**		
2	**BUDGETARY TRANSACTION PROCESSING IN MAIN-FACS**		
3			
4			
5	**TYPE OF TRANSACTION:**	**Supplemental**	
6	**AGENCY CODE:**	391	
7	**DEPARTMENT:**	Department of Health and Human Services	
8	**FILE #:**	391XXX	
9	**FISCAL YEAR:**	2016	
10	**DATE:**	12/30/2015	
11			
12			
13			
14	**UNIT/LINE ITEM TITLES**		**AY**
15	TO:	**FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES**	
16		Childhood Lead Program	2016
17		State general fund/general purpose	
18			
19	**GRAND TOTAL:**		
20			
21	**EXPLANATION:**	To appropriate supplemental funds for the Flint water project to support analyzing blood lead levels, abatement, environmental investigations, nurse case management, and to increase community eduction.	
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	D	E	F	G	H	I	J	K	L
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12				**1st QTR**	**2nd QTR**	**3rd QTR**	**4th QTR**	**TOTAL**	**TOTAL**
13	**"20"**	**"D23"**	**FINANCE**	**Effective**	**Effective**	**Effective**	**Effective**	**"D23"**	**"20"**
14	**APPR #**	**FUND #**	**TYPE**	**10/01**	**01/01**	**04/01**	**07/01**	**FUND**	**APPR**
15									
16	14254								$2,097,328
17		0100	01	$0	$700,000	$700,000	$697,328	$2,097,328	
18									
19				**$0**	**$700,000**	**$700,000**	**$697,328**	**$2,097,328**	**$2,097,328**
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									

	A	B	C
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70	Administrative Transfer		
71	Legislative Transfer		
72	Supplemental		
73	Boilerplate Supplemental		
74	Executive Order Reorganization		
75	Other Transaction Processing		

	A	B	C	D	E	F
1	**DEPARTMENT OF HEALTH AND HUMAN SERVICES**					
2	**FY2016 BUDGET STATUS REPORT**					
3	**AS OF March 31, 2016**					
4	APPN#			APPROVED	ANTICIPATED	
5	OR		APPROPRIATION	AUTHORIZATION	AUTHORIZATION	TOTAL
6	FUND	APPROPRIATION UNIT	BILL	ADJUSTMENTS	ADJUSTMENTS	AUTHORIZATION
7						
8		**SECTION 102 - DEPARTMENTWIDE ADMINISTRATION**				
9	01000	DIRECTOR AND OTHER UNCLASSIFIED	$1,092,000	$0	$0	$1,092,000
10	01191	DEPARTMENTAL ADMINISTRATION & MANAGEMENT	$56,005,600	$0	$0	$56,005,600
11	11232	WORKER'S COMPENSATION PROGRAM	$7,667,000	$0	$0	$7,667,000
12	81000	MICHIGAN MEDICAID INFORMATION SYSTEM	$50,201,100	$0	$0	$50,201,100
13	02401	DEVELOPMENTAL DISABILITIES COUNCIL & PROJECTS	$3,038,900	$0	$0	$3,038,900
14		**UNIT TOTAL**	**$118,004,600**	**$0**	**$0**	**$118,004,600**
15						
16	0100	GENERAL FUND/GENERAL PURPOSE	$146,515,400	$0	$0	$146,515,400
17	0200	STATE RESTRICTED REVENUES	$2,825,700	$0	$0	$2,825,700
18	0300	FEDERAL REVENUES	$142,291,100	$0	$0	$142,291,100
19	0330	TANF	$37,861,900	$0	$0	$37,861,900
20	1198	IDG FROM DOE	$2,963,500	$0	$0	$2,963,500
21	0929	CAPPED FEDERAL REVENUES	$43,648,700	$0	$0	$43,648,700
22	0500	PRIVATE REVENUES	$23,842,000	$0	$0	$23,842,000
23			error			error
24		**SECTION 105 - CHILDREN'S SERVICES AGENCY - CHILD WELFARE**				
25	14255	FAMILY SUPPORT SUBSIDY	$17,633,600	$0	$0	$17,633,600
26						
27	0330	TANF	$17,633,600	$0	$0	$17,633,600
28						
29		**SECTION 107 - PUBLIC ASSISTANCE**				
30	02968	MULTICULTURAL INTEGRATION FUNDING	$11,858,300	$0	$0	$11,858,300
31						
32	0100	GENERAL FUND/GENERAL PURPOSE	$10,742,800			$10,742,800
33	0300	FEDERAL REVENUES	$510,000			$510,000
34	0929	CAPPED FEDERAL REVENUES	$184,500			$184,500
35	0330	TANF	$421,000	$0	$0	$421,000
36						
37		**SECTION 110 - BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS**				
38	01130	BEHAVIORAL HEALTH PROGRAM ADMINISTRATION	$61,874,500	$0	$0	$61,874,500
39	01154	GAMBLING ADDICTION	$3,003,700	$0	$0	$3,003,700
40	01161	PROTECTION AND ADVOCACY SERVICES SUPPORT	$194,400	$0	$0	$194,400
41	02733	COMMUNITY RESIDENTIAL AND SUPPORT SERVICES	$592,100	$0	$0	$592,100
42	13468	FEDERAL AND OTHER SPECIAL PROJECTS	$2,535,600	$0	$0	$2,535,600
43	14249	HOUSING AND SUPPORT SERVICES	$13,238,800	$0	$0	$13,238,800
44		**UNIT TOTAL**	**$81,439,100**	**$0**	**$0**	**$81,439,100**
45						
46	0100	GENERAL FUND/GENERAL PURPOSE	$29,365,900	$0	$0	$29,365,900
47	0200	STATE RESTRICTED REVENUES	$3,003,700	$0	$0	$3,003,700
48	0300	FEDERAL REVENUES	$47,889,000	$0	$0	$47,889,000
49	0330	TANF	$180,500	$0	$0	$180,500
50	0500	PRIVATE REVENUES	$1,000,000	$0	$0	$1,000,000
51						
52		**SECTION 111 - BEHAVIORAL HEALTH SERVICES**				
53	02965	MEDICAID MENTAL HEALTH SERVICES	$2,383,364,300	$0	$0	$2,383,364,300
54	02966	CMH NON-MEDICAID SERVICES	$117,050,400	$0	$0	$117,050,400
55	02970	MEDICAID SUBSTANCE ABUSE SERVICES	$47,495,700	$0	$0	$47,495,700
56	02999	CIVIL SERVICE CHARGES	$1,499,300	$0	$0	$1,499,300
57	02922	FEDERAL MENTAL HEALTH BLOCK GRANT	$15,444,600	$0	$0	$15,444,600

	G	H	I
1			
2			
3			
4		PROJECTED	PROJECTED
5	PROJECTED	YEAR-END	GF
6	EXPENSES	BALANCE	BALANCE
7			
8			
9		$1,092,000	
10		$56,005,600	
11		$7,667,000	
12		$50,201,100	
13		$3,038,900	
14	**$0**	**$118,004,600**	**$0**
15			
16		**$146,515,400**	**$0**
17		**$2,825,700**	
18		**$142,291,100**	
19		**$37,861,900**	
20		**$2,963,500**	
21		**$43,648,700**	
22		**$23,842,000**	
23		error	
24			
25		$17,633,600	
26			
27		$17,633,600	
28			
29			
30		$11,858,300	
31			
32		$10,742,800	
33		$510,000	
34		$184,500	
35		$421,000	
36			
37			
38		$61,874,500	
39		$3,003,700	
40		$194,400	
41		$592,100	
42		$2,535,600	
43		$13,238,800	
44	**$0**	**$81,439,100**	**$0**
45			
46		**$29,365,900**	**$0**
47		$3,003,700	
48		$47,889,000	
49		$180,500	
50		$1,000,000	
51			
52			
53		$2,383,364,300	
54		$117,050,400	
55		$47,495,700	
56		$1,499,300	
57		$15,444,600	

	A	B	C	D	E	F
58	13467	STATE DIS ASSIST PROGRAM SUB ABUSE SERV	$2,018,800	$0	$0	$2,018,800
59	13461	COMM SUB ABUSE PREV, EDUC, & TREAT PROGRAMS	$73,811,800	$0	$0	$73,811,800
60	14233	CHILDREN'S WAIVER HOME CARE PROGRAMS	$20,000,000	$0	$0	$20,000,000
61	14234	NURSING HOME PAS/ARR - OBRA	$12,258,800	$0	$0	$12,258,800
62	14232	CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER	$12,647,900	$0	$0	$12,647,900
63	02950	HEALTH HOMES	$3,369,000	$0	$0	$3,369,000
64	02980	HEALTHY MICHIGAN PLAN - BEHAVIORAL HEALTH	$355,432,600	$0	$0	$355,432,600
65	33870	AUTISM SERVICES	$36,418,500	$0	$0	$36,418,500
66	14245	UNIVERSITY AUTISM PROGRAMS	$2,500,000	$0	$0	$2,500,000
67		**UNIT TOTAL**	**$3,083,311,700**	**$0**	**$0**	**$3,083,311,700**
68						
69	0100	GENERAL FUND/GENERAL PURPOSE	$951,148,900	$0	$0	$951,148,900
70	0200	STATE RESTRICTED REVENUES	$1,784,200	$0	$0	$1,784,200
71	0216	QAAP	$20,728,500	$0	$0	$20,728,500
72	0300	FEDERAL REVENUES	$2,084,174,300	$0	$0	$2,084,174,300
73	0400	LOCAL REVENUES	$25,475,800	$0	$0	$25,475,800
74						
75		**SECTION 112 - STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES**				
76	04500	CARO REGIONAL MENTAL HEALTH CENTER	$56,313,400	$0	$0	$56,313,400
77	04600	KALAMAZOO PSYCHIATRIC HOSPITAL	$64,459,400	$0	$0	$64,459,400
78	04100	WALTER P. REUTHER PSYCHIATRIC HOSPITAL	$55,835,000	$0	$0	$55,835,000
79	04200	HAWTHORN CENTER	$28,735,600	$0	$0	$28,735,600
80	04000	CENTER FOR FORENSIC PSYCHIATRY	$72,538,000	$0	$0	$72,538,000
81	01373	REVENUE RECAPTURE	$750,000	$0	$0	$750,000
82	01421	IDEA, FEDERAL SPECIAL EDUCATION	$120,000	$0	$0	$120,000
83	01707	SPECIAL MAINTENANCE AND EQUIPMENT	$332,500	$0	$0	$332,500
84	01753	PURCH OF MED SERV FOR RES OF HOS/CTRS	$445,600	$0	$0	$445,600
85	01820	GIFTS & BEQUESTS FOR PATIENT LIV & TREAT ENVIR	$1,000,000	$0	$0	$1,000,000
86		**UNIT TOTAL**	**$280,529,500**	**$0**	**$0**	**$280,529,500**
87						
88	0100	GENERAL FUND/GENERAL PURPOSE	$206,469,100			$206,469,100
89	0200	STATE RESTRICTED REVENUES	$18,868,500			$18,868,500
90	0300	FEDERAL REVENUES	$34,711,200			$34,711,200
91	0400	LOCAL REVENUES	$19,480,700			$19,480,700
92	0500	PRIVATE REVENUES	$1,000,000			$1,000,000
93						
94		**SECTION 113 - PUBLIC HEALTH ADMINISTRATION**				
95	11230	PUBLIC HEALTH ADMINISTRATION	$1,567,800	$0	$0	$1,567,800
96	11200	HEALTHY AND WELLNESS INITIATIVES	$8,946,400	$0	$0	$8,946,400
97	11254	VITAL RECORDS & HEALTH STATISTICS	$11,763,400	$0	$0	$11,763,400
98		**UNIT TOTAL**	**$22,277,600**	**$0**	**$0**	**$22,277,600**
99						
100	0100	GENERAL FUND/GENERAL PURPOSE	$5,515,100	$0	$0	$5,515,100
101	0200	STATE RESTRICTED REVENUES	$12,337,600	$0	$0	$12,337,600
102	0300	FEDERAL REVENUES	$4,343,800	$0	$0	$4,343,800
103	0929	CAPPED FEDERAL REVENUES	$81,100	$0	$0	$81,100
104						
105		**SECTION 114 - HEALTH POLICY**				
106	11101	BONE MARROW TRANSPLANT REGISTRY	$250,000	$0	$0	$250,000
107	01194	CERTIFICATE OF NEED PROGRAM ADMINISTRATION	$2,781,400	$0	$0	$2,781,400
108	18358	EMERGENCY MEDICAL SERVICES PROGRAM	$6,415,200	$0	$0	$6,415,200
109	11250	HEALTH INNOVATION GRANTS	$1,500,000	$0	$0	$1,500,000
110	18430	HEALTH POLICY ADMINSTRATION	$28,106,300	$0	$0	$28,106,300
111	11260	HUMAN TRAFFICKING INTERVENTION SERVICES	$200,000	$0	$0	$200,000
112	11284	MICHIGAN ESSENTIAL HEALTH PROVIDER	$3,591,300	$0	$0	$3,591,300
113	11268	MINORITY HEALTH GRANTS AND CONTRACTS	$612,700	$0	$0	$612,700
114	18435	NURSE EDUCATION AND RESEARCH PROGRAM	$1,041,500	$0	$0	$1,041,500
115	11289	PRIMARY CARE SERVICES	$4,067,500	$0	$0	$4,067,500

	G	H	I
58		$2,018,800	
59		$73,811,800	
60		$20,000,000	
61		$12,258,800	
62		$12,647,900	
63		$3,369,000	
64		$355,432,600	
65		$36,418,500	
66		$2,500,000	
67	**$0**	**$3,083,311,700**	**$0**
68			
69		**$951,148,900**	**$0**
70		$1,784,200	
71		$20,728,500	
72		$2,084,174,300	
73		$25,475,800	
74			
75			
76		$56,313,400	$0
77		$64,459,400	$0
78		$55,835,000	$0
79		$28,735,600	$0
80		$72,538,000	$0
81		$750,000	$0
82		$120,000	$0
83		$332,500	$0
84		$445,600	$0
85		$1,000,000	$0
86	**$0**	**$280,529,500**	**$0**
87			
88		**$206,469,100**	**$0**
89		$18,868,500	
90		$34,711,200	
91		$19,480,700	
92		$1,000,000	
93			
94			
95		$1,567,800	$0
96		$8,946,400	
97		$11,763,400	$0
98	**$0**	**$22,277,600**	**$0**
99			
100		**$5,515,100**	**$0**
101		$12,337,600	
102		$4,343,800	
103		$81,100	
104			
105			
106		$250,000	
107		$2,781,400	$0
108		$6,415,200	
109		$1,500,000	$0
110		$28,106,300	
111		$200,000	
112		$3,591,300	$0
113		$612,700	$0
114		$1,041,500	$0
115		$4,067,500	$0

	A	B	C	D	E	F
116	11256	RURAL HEALTH SERVICES	$1,555,500	$0	$0	$1,555,500
117		**UNIT TOTAL**	**$50,121,400**	**$0**	**$0**	**$50,121,400**
118						
119	0100	GENERAL FUND/GENERAL PURPOSE	$8,550,000	$0		$8,550,000
120	0200	STATE RESTRICTED REVENUES	$6,561,700	$0		$6,561,700
121	0300	FEDERAL REVENUES	$32,987,200	$0		$32,987,200
122	0500	PRIVATE REVENUES	$865,000	$0		$865,000
123	0604	IDG FROM THE DEPARTMENT OF TREASURY, MICHIGAN STATE HOSPITAL	$116,000	$0		$116,000
124	0607	IDG FROM THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS	$1,041,500	$0		$1,041,500
125						
126		**SECTION 115 - LABORATORY SERVICES**				
127	16230	LABORATORY SERVICES	$20,295,500	$0	$0	$20,295,500
128		**UNIT TOTAL**	**$20,295,500**	**$0**	**$0**	**$20,295,500**
129						
130	0100	GENERAL FUND/GENERAL PURPOSE	$6,765,200	$0	$0	$6,765,200
131	0200	STATE RESTRICTED REVENUES	$10,261,900	$0	$0	$10,261,900
132	0300	FEDERAL REVENUES	$2,294,400	$0	$0	$2,294,400
133	0605	IDG-DEPARTMENT OF ENVIRONMENTAL QUALITY	$974,000	$0	$0	$974,000
134						
135		**SECTION 116 - EPIDEMIOLOGY AND INFECTIOUS DISEASE**				
136	15150	AIDS SURVEILLANCE AND PREVENTION PROGRAM	$1,854,100	$0	$0	$1,854,100
137	15159	BIOTERRORISM PREPAREDNESS	$30,077,600	$0	$0	$30,077,600
138	15155	EPIDEMIOLOGY ADMINISTRATION	$12,455,700	$0	$0	$12,455,700
139	12258	HEALTHY HOMES PROGRAM	$4,384,300	$0	$0	$4,384,300
140	16758	IMMUNIZATION PROGRAM	$18,817,900	$0	$0	$18,817,900
141	15173	NEWBORN SCREENING FOLLOW-UP AND TREATMENT SERV	$7,223,000	$0	$0	$7,223,000
142	16753	SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM	$6,246,900	$0	$0	$6,246,900
143	15157	TUBERCULOSIS CONTROL & PREVENTION	$867,000	$0	$0	$867,000
144		**UNIT TOTAL**	**$81,926,500**	**$0**	**$0**	**$81,926,500**
145						
146	0100	GENERAL FUND/GENERAL PURPOSE	$7,145,600	$0		$7,145,600
147	0200	STATE RESTRICTED REVENUES	$11,577,900	$0		$11,577,900
148	0300	FEDERAL REVENUES	$60,864,000	$0		$60,864,000
149	0500	PRIVATE REVENUES	$2,339,000	$0		$2,339,000
150						
151		**SECTION 117 - LOCAL HEALTH ADMINISTRATION AND GRANTS**				
152	12263	ESSENTIAL LOCAL PUBLIC HEALTH SERVICES	$40,886,100	$0	$0	$40,886,100
153	12273	IMPLEMENTATION OF 1993 PA 133	$20,000	$0	$0	$20,000
154	12271	LOCAL HEALTH SERVICES	$536,100	$0	$0	$536,100
155	12266	MED SRVS COST REIM TO LOCAL HEALTH DEPTS	$9,000,000	$0	$0	$9,000,000
156		**UNIT TOTAL**	**$50,442,200**	**$0**	**$0**	**$50,442,200**
157						
158	0100	GENERAL FUND/GENERAL PURPOSE	$35,756,100	$0		$35,756,100
159	0300	FEDERAL REVENUES	$9,536,100	$0		$9,536,100
160	0400	LOCAL REVENUES	$5,150,000	$0		$5,150,000
161						
162		**SECTION 118 - CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION**				
163	16764	AIDS PREVENTION, TESTING, AND CARE PROGRAMS	$70,423,000	$0	$0	$70,423,000
164	11340	ALZHEIMER'S DISEASE IN-HOME CARE PILOT	$150,000	$0	$0	$150,000
165	11352	CANCER PREVENTION AND CONTROL PROGRAM	$15,005,800	$0	$0	$15,005,800
166	11380	CHRONIC DISEASE CONTROL & HEALTH PROMOTION ADMIN	$6,356,200	$0	$0	$6,356,200
167	11363	DIABETES AND KIDNEY PROGRAM	$3,038,100	$0	$0	$3,038,100
168	11360	SMOKING PREVENTION PROGRAM	$2,107,600	$0	$0	$2,107,600
169	11386	VIOLENCE PREVENTION	$1,823,700	$0	$0	$1,823,700
170		**UNIT TOTAL**	**$98,904,400**	**$0**	**$0**	**$98,904,400**
171						
172	0100	GENERAL FUND/GENERAL PURPOSE	$1,920,900	$0		$1,920,900
173	0200	STATE RESTRICTED REVENUES	$5,534,000	$0		$5,534,000

	G	H	I
116		$1,555,500	$0
117	**$0**	**$50,121,400**	**$0**
118			
119		**$8,550,000**	**$0**
120		$6,561,700	
121		$32,987,200	
122		$865,000	
123		$116,000	
124		$1,041,500	
125			
126			
127		$20,295,500	$0
128	**$0**	**$20,295,500**	**$0**
129			
130		$6,765,200	$0
131		$10,261,900	
132		$2,294,400	
133		$974,000	
134			
135			
136		$1,854,100	$0
137		$30,077,600	$0
138		$12,455,700	$0
139		$4,384,300	$0
140		$18,817,900	$0
141		$7,223,000	$0
142		$6,246,900	$0
143		$867,000	$0
144	**$0**	**$81,926,500**	**$0**
145			
146		$7,145,600	$0
147		$11,577,900	
148		$60,864,000	
149		$2,339,000	
150			
151			
152		$40,886,100	
153		$20,000	
154		$536,100	$0
155		$9,000,000	$0
156	**$0**	**$50,442,200**	**$0**
157			
158		**$35,756,100**	**$0**
159		$9,536,100	
160		$5,150,000	
161			
162			
163		$70,423,000	$0
164		$150,000	$0
165		$15,005,800	
166		$6,356,200	
167		$3,038,100	$0
168		$2,107,600	$0
169		$1,823,700	$0
170	**$0**	**$98,904,400**	**$0**
171			
172		**$1,920,900**	**$0**
173		$5,534,000	

	A	B	C	D	E	F
174	0300	FEDERAL REVENUES	$52,671,100	$0		$52,671,100
175	0500	PRIVATE REVENUES	$38,778,400	$0		$38,778,400
176						
177		**SECTION 119 - FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES**				
178	14254	CHILDHOOD LEAD PROGRAM	$1,563,300	$850,000		$2,413,300
179	14274	DENTAL PROGRAMS	$1,818,200	$0		$1,818,200
180	14230	FAMILY, MATERNAL, AND CHILDREN'S HEALTH SER ADMIN	$8,437,000	$0		$8,437,000
181	14281	FAMILY PLANNING LOCAL AGREEMENTS	$8,310,700	$0		$8,310,700
182	14262	LOCAL MCH SERVICES	$7,018,100	$0		$7,018,100
183	14251	PREGNANCY PREVENTION PROGRAM	$602,100	$0		$602,100
184	14289	PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT	$18,383,000	$0		$18,383,000
185	14259	SPECIAL PROJECTS	$6,289,100	$0		$6,289,100
186	14257	SUDDEN INFANT DEATH SYNDROME PROGRAM	$321,300	$0		$321,300
187		**UNIT TOTAL**	**$52,742,800**	**$850,000**	**$0**	**$53,592,800**
188						
189	0100	GENERAL FUND/GENERAL PURPOSE	$9,558,800	$850,000		$10,408,800
190	0200	STATE RESTRICTED REVENUES	$20,000	$0		$20,000
191	0300	FEDERAL REVENUES	$42,214,500	$0		$42,214,500
192	0400	LOCAL REVENUES	$75,000	$0		$75,000
193	0500	TOTAL PRIVATE REVENUES	$874,500	$0		$874,500
194						
195		**SECTION 120 - WOMEN, INFANTS, & CHILDREN FOOD & NUTR PROG**				
196	14295	WIC PROGRAM ADMINISTRATION AND SPECIAL PROJ	$17,905,900			$17,905,900
197	14275	WIC PROGRAM LOCAL AGREEMENTS & FOOD COSTS	$256,285,000			$256,285,000
198		**UNIT TOTAL**	**$274,190,900**	**$0**	**$0**	**$274,190,900**
199						
200	0300	FEDERAL REVENUES	$213,113,000			$213,113,000
201	0500	PRIVATE REVENUES	$61,077,900			$61,077,900
202						
203		**SECTION 121 - CHILDREN'S SPECIAL HEALTH CARE SERVICES**				
204	14330	CSHCS ADMINISTRATION	$5,897,900	$0		$5,897,900
205	14358	BEQUESTS FOR CARE AND SERVICES	$1,528,200	$0		$1,528,200
206	14356	OUTREACH AND ADVOCACY	$5,510,000	$0		$5,510,000
207	14357	NON EMERGENCY MEDICAL TRANSPORTATION	$905,900	$0		$905,900
208	14355	MEDICAL CARE AND TREATMENT	$188,291,400	$26,155,300		$214,446,700
209		**UNIT TOTAL**	**$202,133,400**	**$26,155,300**	**$0**	**$228,288,700**
210						
211	0100	GENERAL FUND/GENERAL PURPOSE	$91,111,400	$19,145,000		$110,256,400
212	0200	STATE RESTRICTED REVENUES	$3,858,400	$0		$3,858,400
213	0300	FEDERAL REVENUES	$106,154,700	$7,010,300		$113,165,000
214	0500	PRIVATE REVENUES	$1,008,900	$0		$1,008,900
215						
216		**SECTION 122 - CRIME VICTIM SERVICES COMMISSION**				
217	51601	GRANTS ADMINISTRATIVE SERVICES	$2,129,800			$2,129,800
218	51638	JUSTICE ASSISTANCE GRANTS	$15,000,000			$15,000,000
219	55537	CRIME VICTIM RIGHTS SERVICES GRANTS	$16,870,000			$16,870,000
220		**UNIT TOTAL**	**$33,999,800**	**$0**	**$0**	**$33,999,800**
221						
222	0205	STATE RESTRICTED REVENUES	$15,302,300			$15,302,300
223	0300	FEDERAL REVENUES	$18,697,500			$18,697,500
224						
225		**SECTION 123 - AGING AND ADULT SERVICES AGENCY**				
226	46502	AGING AND ADULT SERVICES ADMINISTRATION	$10,904,100	$0	$0	$10,904,100
227	46511	COMMUNITY SERVICES	$39,013,900	$0	$0	$39,013,900
228	81200	ELDER LAW OF MICHIGAN MiCAFE CONTRACT	$350,000	$0	$0	$350,000
229	46512	NUTRITION SERVICES	$39,044,000	$0	$0	$39,044,000
230	46515	EMPLOYMENT ASSISTANCE	$3,500,000	$0	$0	$3,500,000
231	33620	PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY	$65,938,500	$0	$0	$65,938,500
232	46520	RESPITE CARE PROGRAM	$5,868,700	$0	$0	$5,868,700

	G	H	I
174		$52,671,100	
175		$38,778,400	
176			
177			
178		$2,413,300	$0
179		$1,818,200	$0
180		$8,437,000	$0
181		$8,310,700	$0
182		$7,018,100	$0
183		$602,100	$0
184		$18,383,000	
185		$6,289,100	
186		$321,300	$0
187	**$0**	**$53,592,800**	**$0**
188			
189		**$10,408,800**	**$0**
190		$20,000	
191		$42,214,500	
192		$75,000	
193		$874,500	
194			
195			
196		$17,905,900	$0
197		$256,285,000	$0
198	**$0**	**$274,190,900**	**$0**
199			
200		$213,113,000	
201		$61,077,900	
202			
203			
204	$5,897,900	$0	
205	$1,046,700	$481,500	
206	$5,510,000	$0	
207	$755,300	$150,600	$115,400
208	$224,912,200	($10,465,500)	($3,879,000)
209	**$238,122,100**	**($9,833,400)**	**($3,763,600)**
210			
211	$114,020,000	**($3,763,600)**	**($3,763,600)**
212	$3,845,500	$12,900	
213	$119,716,300	($6,551,300)	
214	$540,300	$468,600	
215			
216			
217		$2,129,800	$0
218		$15,000,000	$0
219		$16,870,000	$0
220	**$0**	**$33,999,800**	**$0**
221			
222		$15,302,300	
223		$18,697,500	
224			
225			
226		$10,904,100	$0
227		$39,013,900	$0
228		$350,000	$0
229		$39,044,000	$0
230		$3,500,000	$0
231		$65,938,500	$0
232		$5,868,700	$0

	A	B	C	D	E	F
233	46513	SENIOR VOLUNTEER SERVICE PROGRAMS	$4,465,300	$0	$0	$4,465,300
234		**UNIT TOTAL**	**$169,084,500**	**$0**	**$0**	**$169,084,500**
235						
236	0100	GENERAL FUND/GENERAL PURPOSE	$60,320,400	$0		$60,320,400
237	0206	STATE RESTRICTED REVENUES	$1,400,000	$0		$1,400,000
238	0102	MERIT AWARD TRUST FUND	$4,068,700	$0		$4,068,700
239	0300	FEDERAL REVENUES	$101,673,200	$0		$101,673,200
240	0929	CAPPED FEDERAL REVENUE	$1,102,200	$0		$1,102,200
241	0500	PRIVATE REVENUES	$520,000	$0		$520,000
242						
243		**SECTION 124 - MEDICAL SERVICES ADMINISTRATION**				
244	34010	MEDICAL SERVICES ADMINISTRATION	$85,696,300	$0	$0	$85,696,300
245	34030	HEALTHY MICHIGAN PLAN ADMINISTRATION	$68,878,600	$0	$0	$68,878,600
246	34400	FACILITY INSPECTION CONTRACT	$132,800	$0	$0	$132,800
247	34300	MICHILD ADMINISTRATION	$3,500,000	$0	$0	$3,500,000
248	34020	ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM	$144,226,200	$0	$0	$144,226,200
249		**UNIT TOTAL**	**$302,433,900**	**$0**	**$0**	**$302,433,900**
250						
251	0100	GENERAL FUND/GENERAL PURPOSE	$49,932,800	$0	$0	$49,932,800
252	0200	STATE RESTRICTED REVENUES	$331,300	$0	$0	$331,300
253	0300	TOTAL FEDERAL REVENUES	$246,873,600	$0	$0	$246,873,600
254	0929	CAPPED FEDERAL REVENUE	$910,700			$910,700
255	0330	TANF	$4,180,000			$4,180,000
256	0400	LOCAL REVENUES	$105,700	$0	$0	$105,700
257	0500	PRIVATE REVENUES	$99,800	$0	$0	$99,800
258						
259		**SECTION 125 - MEDICAL SERVICES**				
260	33500	HOSPITAL SERVICES AND THERAPY	$1,139,960,500	($29,069,800)	$0	$1,110,890,700
261	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS	$45,000,000	$0	$0	$45,000,000
262	33520	PHYSICIANS SERVICES	$334,848,800	($29,069,800)	$0	$305,779,000
263	33590	MEDICARE PREMIUM PAYMENTS	$410,077,800	$0	$0	$410,077,800
264	33540	PHARMACEUTICAL SERVICES	$300,132,400	$135,159,200	$0	$435,291,600
265	33530	HOME HEALTH SERVICES	$5,893,100	$0	$0	$5,893,100
266	33730	HOSPICE SERVICES	$107,768,400	$0	$0	$107,768,400
267	33570	TRANSPORTATION	$21,636,100	$0	$0	$21,636,100
268	33580	AUXILIARY MEDICAL SERVICES	$6,339,600	$0	$0	$6,339,600
269	33660	DENTAL SERVICES	$233,674,300	($14,534,900)	$0	$219,139,400
270	33600	AMBULANCE SERVICES	$18,987,700	$0	$0	$18,987,700
271	33680	LONG-TERM CARE SERVICES	$1,396,577,100	$0	$0	$1,396,577,100
272	33690	INTEGRATED CARE ORGANIZATIONS	$454,700,000	($58,122,400)	$0	$396,577,600
273	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER	$329,692,700	$0	$0	$329,692,700
274	33780	ADULT HOME HELP SERVICES	$303,047,800	$0	$0	$303,047,800
275	33810	PERSONAL CARE SERVICES	$11,762,300	$0	$0	$11,762,300
276	33550	HEALTH PLAN SERVICES	$5,011,623,000	($68,652,800)	$0	$4,942,970,200
277	33640	MICHILD PROGRAM	$22,211,200	$0	$0	$22,211,200
278	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM	$203,481,400	$0	$0	$203,481,400
279	33710	MATERNAL AND CHILD HEALTH	$20,279,500	$0	$0	$20,279,500
280	33560	HEALTHY MICHIGAN PLAN	$3,726,633,700	$38,135,200	$0	$3,764,768,900
281	33720	DENTAL CLINIC PROGRAM	$1,000,000			$1,000,000
282	33740	SCHOOL-BASED SERVICES	$112,102,700	$0	$0	$112,102,700
283	33860	SPECIAL MEDICAID REIMBURSEMENT	$388,891,700	$0	$0	$388,891,700
284		**UNIT TOTAL**	**$14,606,321,800**	**($26,155,300)**	**$0**	**$14,580,166,500**
285						
286	0100	GENERAL FUND/GENERAL PURPOSE	$1,682,461,400	($19,145,000)	$0	$1,663,316,400
287	0200	STATE RESTRICTED REVENUES	$814,710,700	$0	$0	$814,710,700
288	0201	HELATHY MI FUND	$25,392,900	$0	$0	$25,392,900
289	0216	QUALITY ASSESSMENT	$1,077,697,200	$0		$1,077,697,200
290	0102	MERIT AWARD TRUST FUND	$64,266,000	$0	$0	$64,266,000
291	0300	TOTAL FEDERAL REVENUES	$10,904,029,000	($7,010,300)	$0	$10,897,018,700

	G	H	I
233		$4,465,300	$0
234	**$0**	**$169,084,500**	**$0**
235			
236		**$60,320,400**	**$0**
237		$1,400,000	
238		$4,068,700	
239		$101,673,200	
240		$1,102,200	
241		$520,000	
242			
243			
244		$85,696,300	
245		$68,878,600	
246		$132,800	
247		$3,500,000	
248		$144,226,200	
249	**$0**	$302,433,900	**$0**
250			
251		**$49,932,800**	**$0**
252		$331,300	
253		$246,873,600	
254		$910,700	
255		$4,180,000	
256		$105,700	
257		$99,800	
258			
259			
260		$1,110,890,700	
261		$45,000,000	
262		$305,779,000	
263		$410,077,800	
264		$435,291,600	
265		$5,893,100	
266		$107,768,400	
267		$21,636,100	
268		$6,339,600	
269		$219,139,400	
270		$18,987,700	
271		$1,396,577,100	
272		$396,577,600	
273		$329,692,700	
274		$303,047,800	
275		$11,762,300	
276		$4,942,970,200	
277		$22,211,200	
278		$203,481,400	
279		$20,279,500	
280		$3,764,768,900	
281		$1,000,000	
282		$112,102,700	
283		$388,891,700	
284	**$0**	**$14,580,166,500**	**$0**
285			
286		**$1,663,316,400**	**$0**
287		$814,710,700	
288		$25,392,900	$0
289		$1,077,697,200	
290		$64,266,000	
291		$10,897,018,700	

	A	B	C	D	E	F
292	0400	LOCAL REVENUES	$35,664,600	$0	$0	$35,664,600
293	0500	PRIVATE REVENUES	$2,100,000	$0	$0	$2,100,000
294						
295		**SECTION 126 - ONE-TIME BASIS ONLY APPROPRIATIONS**				
296	11100	PAY FOR SUCCESS CONTRACTS	$1,500,000	$0		$1,500,000
297	14241	MENTAL HEALTH COMMISSION RECOMMENDATIONS	$1,500,000	$0		$1,500,000
298	11600	EMPLOYMENT AND TRAINING SUPPORT SERVICES	$800,000	$0		$800,000
299	11400	DRUG POLICY INITIATIVES	$1,500,000	$0		$1,500,000
300	11500	HOSPICE SERVICES	$2,500,000	$0		$2,500,000
301	88500	FLINT DECLARATION OF EMERGENCY	$0	$15,457,000		$15,457,000
302		**UNIT TOTAL**	**$7,800,000**	**$15,457,000**	**$0**	**$23,257,000**
303						
304	0100	GENERAL FUND/GENERAL PURPOSE	$7,400,000	$10,060,000		$17,460,000
305	0330	TANF	$400,000	$0		$400,000
306	0201	STATE RESTRICTED REVENUES	$0	$2,552,000		$2,552,000
307	0300	TOTAL FEDERAL REVENUES	$0	$2,845,000		$2,845,000
308						
309		**CONTINGENCY FUNDS**				
310	01123	FEDERAL CONTINGENCY FUND		$400,000,000		$400,000,000
311	01125	STATE RESTRICTED CONTINGENCY FUND		$45,000,000		$45,000,000
312	01124	LOCAL CONTINGENCY FUND		$40,000,000		$40,000,000
313	01128	PRIVATE CONTINGENCY FUND		$60,000,000		$60,000,000
314		**UNIT TOTAL**	**$0**	**$545,000,000**	**$0**	**$545,000,000**
315						
316	0200	STATE CONTINGENCY REVENUES		$45,000,000		$45,000,000
317	0300	FEDERAL CONTINGENCY REVENUES		$400,000,000		$400,000,000
318	0400	LOCAL CONTINGENCY REVENUES		$40,000,000		$40,000,000
319	0500	PRIVATE CONTINGENCY REVENUES		$60,000,000		$60,000,000
320						
321		**GRAND TOTAL**	**$19,565,451,500**	**$561,307,000**	**$0**	**$20,126,758,500**
322						
323	0100	GEN PURP FINANCING - EXPENDITURES (DCH)	$3,310,679,800	$10,910,000	$0	$3,321,589,800
324	0200	STATE RESTRICTED REVENUES - (DCH)	$908,377,900	$45,000,000	$0	$953,377,900
325	0201	HEALTHY MI FUND	$25,392,900	$2,552,000	$0	$27,944,900
326	0216	QUALITY ASSESSMENT	$1,098,425,700	$0	$0	$1,098,425,700
327	0102	MERIT AWARD TRUST FUND	$68,334,700	$0	$0	$68,334,700
328	0300	FEDERAL REVENUES - (DCH)	$14,105,027,700	$402,845,000	$0	$14,507,872,700
329	0929	CAPPED FEDERAL REVENUE	$45,927,200	$0	$0	$45,927,200
330	0330	TANF	$60,677,000	$0	$0	$60,677,000
331	0400	LOCAL REVENUES - (DCH)	$85,951,800	$40,000,000	$0	$125,951,800
332	0500	PRIVATE REVENUE - (DCH)	$133,505,500	$60,000,000	$0	$193,505,500
333	1198	IDG FROM DEPARTMENT OF EDUCATION	$2,963,500	$0	$0	$2,963,500
334	0604	IDG FROM THE DEPARTMENT OF TREASURY	$116,000	$0	$0	$116,000
335	0605	IDG-DEPARTMENT OF ENVIRONMENTAL QUALITY	$974,000	$0	$0	$974,000
336	0607	IDG FROM THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS	$1,041,500	$0	$0	$1,041,500
337			**(281,943,700)**			**(281,943,700)**
338		Prepared by: Kide Moges				
339		Distribution: N. Lyon, T. Becker, F. Hanley, S. Kangas, C. Masterson, M. Mires, K. Jordan, K. Martin, J. Boyd				
340						
341	12258	HEALTHY HOMES PROGRAM		#REF!		#REF!
342		**UNIT TOTAL**	$0	#REF!	$0	#REF!
343						
344	0215	STATE RESTRICTED REVENUES		#REF!		#REF!
345	0300	FEDERAL REVENUES		#REF!		#REF!
346	0500	PRIVATE REVENUES		#REF!		#REF!

	G	H	I
292		$35,664,600	
293		$2,100,000	
294			
295			
296		$1,500,000	0
297		$1,500,000	0
298		$800,000	0
299		$1,500,000	0
300		$2,500,000	0
301		$15,457,000	
302	**$0**	**$23,257,000**	**$0**
303			
304		**$17,460,000**	**$0**
305		$400,000	
306		$2,552,000	
307		$2,845,000	
308			
309			
310	$0	$400,000,000	$0
311	$0	$45,000,000	$0
312	$0	$40,000,000	$0
313	$0	$60,000,000	$0
314	**$0**	**$545,000,000**	**$0**
315			
316	$0	$45,000,000	
317	$0	$400,000,000	
318	$0	$40,000,000	
319	$0	$60,000,000	
320			
321	**$238,122,100**	**$19,888,636,400**	**-$3,763,600**
322			
323	$114,020,000	$3,207,569,800	($3,763,600)
324	$3,845,500	$949,532,400	$0
325	$0	$27,944,900	$0
326	$0	$1,098,425,700	$0
327	$0	$68,334,700	$0
328	$119,716,300	$14,388,156,400	$0
329	$0	$45,927,200	$0
330	$0	$60,677,000	$0
331	$0	$125,951,800	$0
332	$540,300	$192,965,200	$0
333	$0	$2,963,500	$0
334	$0	$116,000	$0
335	$0	$974,000	$0
336	$0	$1,041,500	$0
337		**(281,943,700)**	
338			
339			
340			
341		#REF!	
342	$0	#REF!	
343			
344		#REF!	
345		#REF!	
346		#REF!	

	A	B	C	D	E
1	**DEPARTMENT OF HEALTH AND HUMAN SERVICES**				
2	**APPROVED ADJUSTMENTS - AS OF March 31, 2016**				
3					
4	APPN#	**APPROPRIATION UNIT**	391006	391007	391010
5	OR				
6	FUND	ACCOUNT TITLE	Contingency Funds - Section 206, P.A. 84 of 2015	supplemental P.A.143 of 2015 Flint Water	Legislative Transfer #1 MSA
7					
8		**SECTION 102 - DEPARTMENTWIDE ADMINISTRATION**			
9	01000	DIRECTOR AND OTHER UNCLASSIFIED			
10	01191	DEPARTMENTAL ADMINISTRATION & MANAGEMENT			
11	11232	WORKER'S COMPENSATION PROGRAM			
12	81000	MICHIGAN MEDICAID INFORMATION SYSTEM			
13	02401	DEVELOP DISABILITIES COUNCIL & PROJECTS			
14		**UNIT TOTAL**	$0	$0	$0
15					
16	0100	STATE GENERAL FUND/GENERAL PURPOSE			
17	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
18	0300	TOTAL FEDERAL REVENUES			
19	0330	TANF			
20	1198	IDG FROM DOE			
21	0929	CAPPED FEDERAL REVENUES			
22	0500	TOTAL PRIVATE REVENUES			
23					
24		**SECTION 105 - CHILDREN'S SERVICES AGENCY - CHILD WELFARE**			
25	14255	FAMILY SUPPORT SUBSIDY			
26					
27	0330	TANF			
28					
29		**SECTION 107 - PUBLIC ASSISTANCE**			
30	02968	MULTICULTURAL INTEGRATION FUNDING			
31					
32	0100	GENERAL FUND/GENERAL PURPOSE			
33	0300	FEDERAL REVENUES			
34	0929	CAPPED FEDERAL REVENUES			
35	0330	TANF			
36					
37		**SECTION 110 - BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS**			
38	01130	MENTAL HEALTH/SUBSTANCE ABUSE ADMIN			
39	01154	GAMBLING ADDICTION			
40	01161	PROTECTION AND ADVOCACY SERVICES SUPPORT			
41	02733	COMMUNITY RESIDENTIAL AND SUPPORT SERVICES			
42	13468	FEDERAL AND OTHER SPECIAL PROJECTS			
43	14249	HOUSING AND SUPPORT SERVICES			
44		**UNIT TOTAL**	$0	$0	$0
45					
46	0100	STATE GENERAL FUND/GENERAL PURPOSE			
47	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
48	0300	TOTAL FEDERAL REVENUES			
49	0330	TANF			
50	0500	TOTAL PRIVATE REVENUES			
51					
52		**SECTION 111 - BEHAVIORAL HEALTH SERVICES**			
53	02965	MEDICAID MENTAL HEALTH SERVICES			
54	02966	CMH NON-MEDICAID SERVICES			
55	02970	MEDICAID SUBSTANCE ABUSE SERVICES			
56	02999	CIVIL SERVICE CHARGES			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1														
2														
3														
4	391011	391012		TOTAL										
5				AUTHORIZATION										
6	Legislative Transfer #2 MSA	Supplemental - Flint Emergency												
7														
8														
9				$0										
10				$0										
11				$0										
12				$0										
13				$0										
14	$0	$0	$0	$0										
15														
16				$0										
17				$0										
18				$0										
19				$0										
20				$0										
21				$0										
22				$0										
23				$0										
24				$0										
25				$0										
26				$0										
27				$0										
28				$0										
29				$0										
30				$0										
31				$0										
32				$0										
33				$0										
34				$0										
35				$0										
36				$0										
37				$0										
38				$0										
39				$0										
40				$0										
41				$0										
42				$0										
43				$0										
44		$0	$0	$0										
45				$0										
46				$0										
47				$0										
48				$0										
49				$0										
50				$0										
51				$0										
52				$0										
53				$0										
54				$0										
55				$0										
56				$0										

	A	B	C	D	E
57	02922	FEDERAL MENTAL HEALTH BLOCK GRANT			
58	13467	STATE DIS ASSIST PROGRAM SUB ABUSE SERV			
59	13461	COMM SUB ABUSE PREV, EDUC, & TREAT PROGRAMS			
60	14233	CHILDREN'S WAIVER HOME CARE PROGRAM			
61	14234	NURSING HOME PAS/ARR - OBRA			
62	14232	CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER			
63	02950	HEALTH HOMES			
64	02980	HEALTHY MICHIGAN PLAN - BEHAVIORAL HEALTH			
65	33870	AUTISM SERVICES			
66	14245	UNIVERSITY AUTISM PROGRAMS			
67		**UNIT TOTAL**	$0	$0	$0
68					
69	0100	STATE GENERAL FUND/GENERAL PURPOSE			
70	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
71	0216	QAAP			
72	0300	TOTAL FEDERAL REVENUES			
73	0400	TOTAL LOCAL REVENUES			
74					
75		**SECTION 112 - STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES**			
76	04500	CARO REGIONAL MENTAL HEALTH CENTER			
77	04600	KALAMAZOO PSYCHIATRIC HOSPITAL			
78	04100	WALTER P. REUTHER PSYCHIATRIC HOSPITAL			
79	04200	HAWTHORN CENTER			
80	04000	CENTER FOR FORENSIC PSYCHIATRY			
81	01373	REVENUE RECAPTURE			
82	01421	IDEA, FEDERAL SPECIAL EDUCATION			
83	01707	SPECIAL MAINTENANCE AND EQUIPMENT			
84	01753	PURCH OF MED SERV FOR RES OF HOS/CTRS			
85	01820	GIFTS & BEQUESTS FOR PATIENT LIV & TREAT ENVIR			
86		**UNIT TOTAL**	**$0**	**$0**	**$0**
87					
88	0100	STATE GENERAL FUND/GENERAL PURPOSE			
89	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
90	0300	TOTAL FEDERAL REVENUES			
91	0400	TOTAL LOCAL REVENUES			
92	0500	TOTAL PRIVATE REVENUES			
93					
94		**SECTION 113 - PUBLIC HEALTH ADMINISTRATION**			
95	11230	PUBLIC HEALTH ADMINISTRATION			
96	11200	HEALTHY MICHIGAN FUND PROGRAMS			
97	11254	VITAL RECORDS & HEALTH STATISTICS			
98		**UNIT TOTAL**	$0	$0	$0
99					
100	0100	GENERAL FUND/GENERAL PURPOSE			
101	0200	STATE RESTRICTED REVENUES			
102	0300	FEDERAL REVENUES			
103	0929	CAPPED FEDERAL REVENUES			
104					
105		**SECTION 114 - HEALTH POLICY**			
106	11101	BONE MARROW TRANSPLANT REGISTRY	$0	$0	$0
107	01194	CERTIFICATE OF NEED PROGRAM ADMINISTRATION	$0	$0	$0
108	18358	EMERGENCY MEDICAL SERVICES PROGRAM	$0	$0	$0
109	11250	HEALTH INNOVATION GRANTS	$0	$0	$0
110	18430	HEALTH POLICY ADMINSTRATION	$0	$0	$0
111	11260	HUMAN TRAFFICKING INTERVENTION SERVICES	$0	$0	$0
112	11284	MICHIGAN ESSENTIAL HEALTH PROVIDER	$0	$0	$0
113	11268	MINORITY HEALTH GRANTS AND CONTRACTS	$0	$0	$0
114	18435	NURSE EDUCATION AND RESEARCH PROGRAM	$0	$0	$0

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
57				$0										
58				$0										
59				$0										
60				$0										
61				$0										
62				$0										
63				$0										
64				$0										
65				$0										
66				$0										
67	$0	$0	$0	$0										
68				$0										
69				$0										
70				$0										
71				$0										
72				$0										
73				$0										
74				$0										
75				$0										
76				$0										
77				$0										
78				$0										
79				$0										
80				$0										
81				$0										
82				$0										
83				$0										
84				$0										
85				$0										
86	**$0**	**$0**	**$0**	$0										
87				$0										
88				$0										
89				$0										
90				$0										
91				$0										
92				$0										
93				$0										
94				$0										
95				$0										
96				$0										
97				$0										
98	$0	$0	$0	$0										
99				$0										
100				$0										
101				$0										
102				$0										
103				$0										
104				$0										
105				$0										
106				$0										
107				$0										
108				$0										
109				$0										
110				$0										
111				$0					0	0				0
112	$0		$0	$0										
113				$0										
114				$0										

	A	B	C	D	E
115	11289	PRIMARY CARE SERVICES	$0	$0	$0
116	11256	RURAL HEALTH SERVICES	$0	$0	$0
117		**UNIT TOTAL**	$0	$0	$0
118					
119	0100	STATE GENERAL FUND/GENERAL PURPOSE			
120	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
121	0300	TOTAL FEDERAL REVENUES			
122	0500	TOTAL PRIVATE REVENUES			
123	0604	IDG FROM THE DEPARTMENT OF TREASURY			
124	0607	IDG FROM THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS			
125					
126		**SECTION 115 - LABORATORY SERVICES**			
127	16230	LABORATORY SERVICES			
128		**UNIT TOTAL**	$0	$0	$0
129					
130	0100	STATE GENERAL FUND/GENERAL PURPOSE			
131	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
132	0300	TOTAL FEDERAL REVENUES			
133	0605	IDG-DEPARTMENT OF ENVIRONMENTAL QUALITY			
134					
135		**SECTION 116 - EPIDEMIOLOGY AND INFECTIOUS DISEASE**			
136	15150	AIDS SURVEILLANCE AND PREVENTION PROGRAM	$0	$0	$0
137	15159	BIOTERRORISM PREPAREDNESS	$0	$0	
138	15155	EPIDEMIOLOGY ADMINISTRATION	$0	$0	$0
139	12258	HEALTHY HOMES PROGRAM	$0	$0	$0
140	16758	IMMUNIZATION PROGRAM	$0	$0	
141	15173	NEWBORN SCREENING FOLLOW-UP AND TREATMENT SERV	$0	$0	$0
142	16753	SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM	$0	$0	$0
143	15157	TUBERCULOSIS CONTROL & PREVENTION	$0	$0	$0
144		**UNIT TOTAL**	$0	$0	$0
145					
146	0100	STATE GENERAL FUND/GENERAL PURPOSE			
147	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
148	0300	TOTAL FEDERAL REVENUES			$0
149	0500	TOTAL PRIVATE REVENUES			
150					
151		**SECTION 117 - LOCAL HEALTH ADMINISTRATION AND GRANTS**			
152	12263	ESSENTIAL LOCAL PUBLIC HEALTH SERVICES			
153	12273	IMPLEMENTATION OF 1993 PA 133			
154	12271	LOCAL HEALTH SERVICES			
155	12266	MED SRVS COST REIM TO LOCAL HEALTH DEPTS			
156		**UNIT TOTAL**	$0	$0	$0
157					
158	0100	STATE GENERAL FUND/GENERAL PURPOSE			
159	0300	TOTAL FEDERAL REVENUES			
160	0400	TOTAL LOCAL REVENUES			
161					
162		**SECTION 118 - CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION**			
163	16764	AIDS PREVENTION, TESTING, AND CARE PROGRAMS	$0	$0	
164	11340	ALZHEIMER'S DISEASE IN-HOME CARE PILOT	$0	$0	
165	11352	CANCER PREVENTION AND CONTROL PROGRAM	$0	$0	
166	11380	CHRONIC DISEASE CONTROL & HEALTH PROMOTION ADMIN	$0	$0	
167	11363	DIABETES AND KIDNEY PROGRAM	$0	$0	
168	11360	SMOKING PREVENTION PROGRAM	$0	$0	
169	11386	VIOLENCE PREVENTION	$0	$0	
170		**UNIT TOTAL**	$0	**$0**	**$0**
171					
172	0100	STATE GENERAL FUND/GENERAL PURPOSE			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
115				$0										
116				$0										
117		$0	$0	$0										
118														
119				$0										
120				$0										
121				$0										
122				$0										
123				$0										
124				$0										
125														
126														
127				$0										
128		$0	$0	$0										
129														
130				$0										
131				$0										
132				$0										
133				$0										
134														
135														
136		$0		$0										
137		$0		$0										
138		$0		$0										
139		$0		$0										
140		$0		$0										
141		$0		$0										
142		$0		$0										
143		$0		$0										
144	$0	$0	$0	$0										
145														
146				$0										
147				$0										
148				$0										
149				$0										
150														
151														
152				$0										
153				$0										
154				$0										
155				$0										
156		$0	$0	$0										
157														
158				$0										
159				$0										
160				$0										
161														
162														
163		$0		$0										
164		$0		$0										
165		$0		$0										
166		$0		$0										
167		$0		$0										
168		$0		$0										
169		$0		$0										
170		**$0**	$0	$0										
171														
172				$0										

	A	B	C	D	E
173	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
174	0300	TOTAL FEDERAL REVENUES			
175	0500	TOTAL PRIVATE REVENUES			
176					
177		**SECTION 119 - FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES**			
178	14254	CHILDHOOD LEAD PROGRAM		$850,000	
179	14274	DENTAL PROGRAMS			
180	14230	FAMILY, MATERNAL, AND CHILDREN'S HEALTH SER ADMIN			
181	14281	FAMILY PLANNING LOCAL AGREEMENTS			
182	14262	LOCAL MCH SERVICES			
183	14251	PREGNANCY PREVENTION PROGRAM			
184	14289	PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT			
185	14259	SPECIAL PROJECTS			
186	14257	SUDDEN INFANT DEATH SYNDROME PROGRAM			
187		**UNIT TOTAL**	**$0**	**850000**	**$0**
188					
189	0100	STATE GENERAL FUND/GENERAL PURPOSE		$850,000	
190	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
191	0300	TOTAL FEDERAL REVENUES			
192	0400	TOTAL LOCAL REVENUES			
193	0500	TOTAL PRIRVATE REVENUES			
194					
195		**SECTION 120 - WOMEN, INFANTS, & CHILDREN FOOD & NUTR PROG**			
196	14295	WIC PROGRAM ADMINISTRATION AND SPECIAL PROJ			
197	14275	WIC PROGRAM LOCAL AGREEMENTS & FOOD COSTS			
198		**UNIT TOTAL**	$0	$0	$0
199					
200	0300	TOTAL FEDERAL REVENUES			
201	0500	TOTAL PRIVATE REVENUES			
202					
203		**SECTION 121 - CHILDREN'S SPECIAL HEALTH CARE SERVICES**			
204	14330	CSHCS ADMINISTRATION			
205	14358	BEQUESTS FOR CARE AND SERVICES			
206	14356	OUTREACH AND ADVOCACY			
207	14357	CONVEYOR CONTRACT			
208	14355	MEDICAL CARE AND TREATMENT			$26,155,300
209		**UNIT TOTAL**	$0	$0	$26,155,300
210					
211	0100	STATE GENERAL FUND/GENERAL PURPOSE			$19,145,000
212	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
213	0300	TOTAL FEDERAL REVENUES			$7,010,300
214	0500	TOTAL PRIVATE REVENUES			
215					
216		**SECTION 122 - CRIME VICTIM SERVICES COMMISSION**			
217	51601	GRANTS ADMINISTRATIVE SERVICES			
218	51638	JUSTICE ASSISTANCE GRANTS			
219	55537	CRIME VICTIM RIGHTS SERVICES GRANTS			
220		**UNIT TOTAL**	$0	$0	$0
221					
222	0205	TOTAL OTHER STATE RESTRICTED REVENUES			
223	0300	TOTAL FEDERAL REVENUES			
224					
225		**SECTION 123 - OFFICE OF SERVICES TO THE AGING**			
226	46502	AGING AND ADULT SERVICES ADMINISTRATION			
227	46511	COMMUNITY SERVICES			
228	81200	ELDER LAW OF MICHIGAN MiCAFE CONTRACT			
229	46512	NUTRITION SERVICES			
230	46515	EMPLOYMENT ASSISTANCE			
231	33620	PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
173				$0										
174				$0										
175				$0										
176														
177														
178				$850,000										
179				$0										
180				$0										
181				$0										
182				$0										
183				$0										
184				$0										
185				$0										
186				$0										
187		**0**		**$850,000**										
188														
189				$850,000										
190				$0										
191				$0										
192				$0										
193				$0										
194														
195														
196				$0										
197				$0										
198		$0	$0	$0										
199														
200				$0										
201				$0										
202														
203														
204				$0										
205				$0										
206				$0										
207				$0										
208				$26,155,300										
209	$0	$0	$0	$26,155,300										
210														
211				$19,145,000										
212				$0										
213				$7,010,300										
214				$0										
215														
216														
217				$0										
218				$0										
219				$0										
220	$0	$0	$0	$0										
221														
222				$0										
223				$0										
224														
225														
226				$0										
227				$0										
228				$0										
229				$0										
230				$0										
231				$0										

	A	B	C	D	E
232	46520	RESPITE CARE PROGRAM			
233	46513	SENIOR VOLUNTEER SERVICE PROGRAMS			
234		**UNIT TOTAL**	$0	$0	$0
235					
236	0100	STATE GENERAL FUND/GENERAL PURPOSE			
237	0206	TOTAL OTHER STATE RESTRICTED REVENUES			
238	0102	MERIT AWARD TRUST FUND			
239	0300	TOTAL FEDERAL REVENUES			
240	0929	CAPPED FEDERAL REVENUE			
241	0500	TOTAL PRIVATE REVENUES			
242					
243		**SECTION 124 - MEDICAL SERVICES ADMINISTRATION**			
244	34010	MEDICAL SERVICES ADMINISTRATION			
245	34030	HEALTHY MICHIGAN PLAN ADMINISTRATION			
246	34400	FACILITY INSPECTION CONTRACT - STATE POLICE			
247	34300	MICHILD ADMINISTRATION			
248	34020	ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM			
249		**UNIT TOTAL**	$0	$0	$0
250					
251	0100	STATE GENERAL FUND/GENERAL PURPOSE			
252	0200	TOTAL OTHER STATE RESTRICTED REVENUES			
253	0300	TOTAL FEDERAL REVENUES			
254	0929	CAPPED FEDERAL REVENUE			
255	0330	TANF			
256	0400	TOTAL LOCAL REVENUES			
257	0500	TOTAL PRIVATE REVENUES			
258					
259		**SECTION 125 - MEDICAL SERVICES**			
260	33500	HOSPITAL SERVICES AND THERAPY	$0	$0	$0
261	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS	$0	$0	$0
262	33520	PHYSICIANS SERVICES	$0	$0	($10,000,000)
263	33590	MEDICARE PREMIUM PAYMENTS	$0	$0	$0
264	33540	PHARMACEUTICAL SERVICES	$0	$0	$7,835,500
265	33530	HOME HEALTH SERVICES	$0	$0	$0
266	33730	HOSPICE SERVICES	$0	$0	$0
267	33570	TRANSPORTATION	$0	$0	$0
268	33580	AUXILIARY MEDICAL SERVICES	$0	$0	$0
269	33660	DENTAL SERVICES	$0	$0	$0
270	33600	AMBULANCE SERVICES	$0	$0	$0
271	33680	LONG-TERM CARE SERVICES	$0	$0	$0
272	33690	INTEGRATED CARE ORGANIZATIONS	$0	$0	$0
273	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER	$0	$0	$0
274	33780	ADULT HOME HELP SERVICES	$0	$0	$0
275	33810	PERSONAL CARE SERVICES	$0	$0	$0
276	33550	HEALTH PLAN SERVICES	$0	$0	($25,547,100)
277	33640	MICHILD PROGRAM	$0	$0	$0
278	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM	$0	$0	$0
279	33710	MATERNAL AND CHILD HEALTH	$0	$0	$0
280	33560	HEALTHY MICHIGAN PLAN	$0	$0	$1,556,300
281	33720	DENTAL CLINIC PROGRAM	$0	$0	$0
282	33740	SCHOOL-BASED SERVICES	$0	$0	$0
283	33860	SPECIAL MEDICAID REIMBURSEMENT	$0	$0	$0
284		**UNIT TOTAL**	$0	$0	($26,155,300)
285					
286	0100	STATE GENERAL FUND/GENERAL PURPOSE	$0	$0	($19,145,000)
287	0200	TOTAL OTHER STATE RESTRICTED REVENUES	$0	$0	$0
288	0201	HEALTHY MI FUND	$0	$0	$0
289	0216	QUALITY ASSESSMENT			
290	0102	MERIT AWARD TRUST FUND	$0	$0	$0

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
232				$0										
233				$0										
234	$0	$0	$0	$0										
235														
236				$0										
237				$0										
238				$0										
239				$0										
240														
241				$0										
242														
243														
244				$0										
245				$0										
246				$0										
247				$0										
248				$0										
249	$0	$0	$0	$0										
250														
251				$0										
252				$0										
253				$0										
254														
255														
256				$0										
257				$0										
258														
259														
260	($29,069,800)	$0	$0	($29,069,800)										
261	$0	$0	$0	$0										
262	($19,069,800)	$0	$0	($29,069,800)										
263	$0	$0	$0	$0										
264	$127,323,700	$0	$0	$135,159,200										
265	$0	$0	$0	$0										
266	$0	$0	$0	$0										
267	$0	$0	$0	$0										
268	$0	$0	$0	$0										
269	($14,534,900)	$0	$0	($14,534,900)										
270	$0	$0	$0	$0										
271	$0	$0	$0	$0										
272	($58,122,400)	$0	$0	($58,122,400)										
273	$0	$0	$0	$0										
274	$0	$0	$0	$0										
275	$0	$0	$0	$0										
276	($43,105,700)	$0	$0	($68,652,800)										
277	$0	$0	$0	$0										
278	$0	$0	$0	$0										
279	$0	$0	$0	$0										
280	$36,578,900	$0	$0	$38,135,200										
281	$0	$0	$0	$0										
282	$0	$0	$0	$0										
283	$0	$0	$0	$0										
284		$0	$0	($26,155,300)										
285														
286		$0	$0	($19,145,000)										
287	$0	$0	$0	$0										
288			$0	$0										
289				$0										
290			$0	$0										

	A		B	C	D	E
291		0300	TOTAL FEDERAL REVENUES	$0	$0	($7,010,300)
292		0400	TOTAL LOCAL REVENUES	$0	$0	$0
293		0500	TOTAL PRIVATE REVENUES	$0	$0	$0
294						
295			**SECTION 126 - ONE-TIME BASIS ONLY**			
296		11100	PAY FOR SUCCESS CONTRACTS			
297		14241	MENTAL HEALTH COMMISSION RECOMMENDATIONS			
298		11600	EMPLOYMENT AND TRAINING SUPPORT SERVICES			
299		11400	DRUG POLICY INITIATIVES			
300		11500	HOSPICE SERVICES			
301		88500	FLINT DECLARATION OF EMERGENCY			
302			**UNIT TOTAL**	$0	$0	$0
303						
304		0100	GENERAL FUND/GENERAL PURPOSE			
305		0330	TANF			
306		0201	STATE RESTRICTED REVENUES			
307		0300	TOTAL FEDERAL REVENUES			
308						
309			**CONTINGENCY FUNDS**			
310		01123	FEDERAL CONTINGENCY FUND	$400,000,000		
311		01125	STATE RESTRICTED CONTINGENCY FUND	$45,000,000		
312		01124	LOCAL CONTINGENCY FUND	$40,000,000		
313		01128	PRIVATE CONTINGENCY FUND	$60,000,000		
314			**UNIT TOTAL**	$545,000,000	$0	$0
315						
316		0200	STATE CONTINGENCY REVENUES	$45,000,000		
317		0300	FEDERAL CONTINGENCY REVENUES	$400,000,000		
318		0400	LOCAL CONTINGENCY REVENUES	$40,000,000		
319		0500	PRIVATE CONTINGENCY REVENUES	$60,000,000		
320						
321			**GRAND TOTAL:**	$545,000,000	$850,000	$0
322						
323		0100	GEN PURP FINANCING - EXPENDITURES (DCH)	$0	$850,000	$0
324		0200	STATE RESTRICTED REVENUES - (DCH)	$45,000,000	$0	$0
325		0201	HEALTHY MI FUND	$0	$0	$0
326		0216	QUALITY ASSESSMENT	$0	$0	$0
327		0102	MERIT AWARD TRUST FUND	$0	$0	$0
328		0300	FEDERAL REVENUES - (DCH)	$400,000,000	$0	$0
329		0929	CAPPED FEDERAL REVENUE(DCH)	$0	$0	$0
330		0330	TANF	$0	$0	$0
331		0400	LOCAL REVENUES - (DCH)	$40,000,000	$0	$0
332		0500	PRIVATE REVENUE - (DCH)	$60,000,000	$0	$0
333		1198	IDG FROM DEPARTMENT OF TREASURY	$0	$0	$0
334		0604	IDG FROM THE DEPARTMENT OF TREASURY	$0	$0	$0
335		0605	IDG-DEPARTMENT OF ENVIRONMENTAL QUALITY	$0	$0	$0
336		0607	IDG FROM THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS	$0	$0	$0
337						
338						
339						
340	**GF**					
341	33500		HOSPITAL SERVICES AND THERAPY			
342	33650		HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
343	33520		PHYSICIANS SERVICES			($10,000,000)
344	33590		MEDICARE PREMIUM PAYMENTS			
345	33540		PHARMACEUTICAL SERVICES			$2,573,700
346	33530		HOME HEALTH SERVICES			
347	33730		HOSPICE SERVICES			
348	33570		TRANSPORTATION			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
291		$0	$0	($7,010,300)										
292		$0	$0	$0										
293			$0	$0										
294														
295														
296				$0										
297				$0										
298				$0										
299				$0										
300				$0										
301		$15,457,000		$15,457,000										
302	$0	$15,457,000	$0	$15,457,000										
303														
304		$10,060,000		$10,060,000										
305				$0										
306		$2,552,000		$2,552,000										
307		$2,845,000		$2,845,000										
308														
309														
310				$400,000,000										
311				$45,000,000										
312				$40,000,000										
313				$60,000,000										
314		$0	$0	$545,000,000										
315														
316				$45,000,000										
317				$400,000,000										
318				$40,000,000										
319				$60,000,000										
320														
321	$0	$15,457,000	$0	$561,307,000										
322														
323	$0	$10,060,000	$0	$10,910,000										
324	$0	$0	$0	$45,000,000										
325	$0	$2,552,000	$0	$2,552,000										
326	$0	$0	$0	$0										
327	$0	$0	$0	$0										
328	$0	$2,845,000	$0	$402,845,000										
329	$0	$0	$0	$0										
330	$0	$0	$0	$0										
331	$0	$0	$0	$40,000,000										
332	$0	$0	$0	$60,000,000										
333	$0	$0	$0	$0										
334	$0	$0	$0	$0										
335	$0	$0	$0	$0										
336	$0	$0	$0	$0										
337														
338														
339														
340														
341	($10,000,000)			($10,000,000)										
342				$0.00										
343				($10,000,000)										
344				$0										
345	$43,796,100			$46,369,800										
346				$0										
347				$0										
348				$0										

	A	B	C	D	E
349	33580	AUXILIARY MEDICAL SERVICES			
350	33660	DENTAL SERVICES			
351	33600	AMBULANCE SERVICES			
352	33680	LONG-TERM CARE SERVICES			
353	33690	INTEGRATED CARE ORGANIZATIONS			
354	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
355	33780	ADULT HOME HELP SERVICES			
356	33810	PERSONAL CARE SERVICES			
357	33550	HEALTH PLAN SERVICES			($11,718,700)
358	33640	MICHILD PROGRAM			
359	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
360	33710	MATERNAL AND CHILD HEALTH			
361	33560	HEALTHY MICHIGAN PLAN			
362	33720	DENTAL CLINIC PROGRAM			
363	Subtotal Basic		$0	$0	($19,145,000)
364					
365	33740	SCHOOL-BASED SERVICES			
366	33860	SPECIAL MEDICAID REIMBURSEMENT			
367	Subtotal Special				
368					
369	MSA GF		$0	$0	($19,145,000)
370					
371					
372	**T-XIX**				
373	33500	HOSPITAL SERVICES AND THERAPY			
374	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
375	33520	PHYSICIANS SERVICES			
376	33590	MEDICARE PREMIUM PAYMENTS			
377	33540	PHARMACEUTICAL SERVICES			$5,261,800
378	33530	HOME HEALTH SERVICES			
379	33730	HOSPICE SERVICES			
380	33570	TRANSPORTATION			
381	33580	AUXILIARY MEDICAL SERVICES			
382	33660	DENTAL SERVICES			
383	33600	AMBULANCE SERVICES			
384	33680	LONG-TERM CARE SERVICES			
385	33690	INTEGRATED CARE ORGANIZATIONS			
386	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
387	33780	ADULT HOME HELP SERVICES			
388	33810	PERSONAL CARE SERVICES			
389	33550	HEALTH PLAN SERVICES			($13,828,400)
390	33640	MICHILD PROGRAM			
391	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
392	33710	MATERNAL AND CHILD HEALTH			
393	33560	HEALTHY MICHIGAN PLAN			$1,556,300
394	33720	DENTAL CLINIC PROGRAM			
395					
396	Subtotal Basic		$0	$0	($7,010,300)
397					
398	33740	SCHOOL-BASED SERVICES			
399	33860	SPECIAL MEDICAID REIMBURSEMENT			
400	Subtotal Special				
401					

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
349				$0										
350	($5,000,000)			($5,000,000)										
351				$0										
352				$0.00										
353	($19,990,900)			($19,990,900)										
354				$0										
355				$0										
356				$0										
357	($8,805,200)			($20,523,900)										
358				$0										
359				$0										
360				$0										
361				$0										
362				$0										
363		$0	$0	($19,145,000)										
364				$0										
365				$0										
366				$0.00										
367				$0										
368				$0										
369		$0	$0	($19,145,000)										
370														
371														
372														
373	($19,069,800)			($19,069,800)										
374				$0										
375	($19,069,800)			($19,069,800)										
376				$0										
377	$83,527,600			$88,789,400										
378				$0										
379				$0										
380				$0										
381				$0										
382	($9,534,900)			($9,534,900)										
383				$0										
384				$0.00										
385	($38,131,500)			($38,131,500)										
386				$0										
387				$0										
388				$0										
389	($34,300,500)			($48,128,900)										
390				$0										
391				$0										
392				$0										
393	$36,578,900			$38,135,200										
394				$0										
395				$0										
396		$0	$0	($7,010,300)										
397														
398				$0										
399				$0										
400		$0		$0										
401														

	A	B	C	D	E
402	**MSA TXIX**		**$0**	**$0**	**($7,010,300)**
403					
404					
405	**0303 - ARRA**				
406	33500	HOSPITAL SERVICES AND THERAPY			
407	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
408	33520	PHYSICIANS SERVICES			
409	33590	MEDICARE PREMIUM PAYMENTS			
410	33540	PHARMACEUTICAL SERVICES			
411	33530	HOME HEALTH SERVICES			
412	33730	HOSPICE SERVICES			
413	33570	TRANSPORTATION			
414	33580	AUXILIARY MEDICAL SERVICES			
415	33660	DENTAL SERVICES			
416	33600	AMBULANCE SERVICES			
417	33680	LONG-TERM CARE SERVICES			
418	33690	INTEGRATED CARE ORGANIZATIONS			
419	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
420	33780	ADULT HOME HELP SERVICES			
421	33810	PERSONAL CARE SERVICES			
422	33550	HEALTH PLAN SERVICES			
423	33640	MICHILD PROGRAM			
424	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
425	33710	MATERNAL AND CHILD HEALTH			
426	33560	HEALTHY MICHIGAN PLAN			
427	33720	DENTAL CLINIC PROGRAM			
428					
429					
430	Subtotal Basic				
431					
432	33740	SCHOOL-BASED SERVICES			
433	33860	SPECIAL MEDICAID REIMBURSEMENT			
434	Subtotal Special				
435					
436	**0303 - MSA ARRA**		**$0**	**$0**	**$0**
437					
438	**T-XXI**				
439	33500	HOSPITAL SERVICES AND THERAPY			
440	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
441	33520	PHYSICIANS SERVICES			
442	33590	MEDICARE PREMIUM PAYMENTS			
443	33540	PHARMACEUTICAL SERVICES			
444	33530	HOME HEALTH SERVICES			
445	33730	HOSPICE SERVICES			
446	33570	TRANSPORTATION			
447	33580	AUXILIARY MEDICAL SERVICES			
448	33660	DENTAL SERVICES			
449	33600	AMBULANCE SERVICES			
450	33680	LONG-TERM CARE SERVICES			
451	33690	INTEGRATED CARE ORGANIZATIONS			
452	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
453	33780	ADULT HOME HELP SERVICES			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
402		**$0**	**$0**	($7,010,300)										
403														
404														
405														
406				$0										
407				$0										
408				$0										
409				$0										
410				$0										
411				$0										
412				$0										
413				$0										
414				$0										
415				$0										
416				$0										
417				$0										
418				$0										
419				$0										
420				$0										
421				$0										
422				$0										
423				$0										
424				$0										
425				$0										
426				$0										
427				$0										
428														
429														
430				$0										
431														
432				$0										
433				$0										
434				$0										
435														
436		**$0**	**$0**	**$0**										
437														
438														
439				$0										
440				$0.00										
441				$0										
442				$0										
443				$0										
444				$0										
445				$0										
446				$0										
447				$0										
448				$0										
449				$0										
450				$0										
451				$0										
452				$0										
453				$0										

	A	B	C	D	E
454	33810	PERSONAL CARE SERVICES			
455	33550	HEALTH PLAN SERVICES			
456	33640	MICHILD PROGRAM			
457	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
458	33710	MATERNAL AND CHILD HEALTH			
459	33560	HEALTHY MICHIGAN PLAN			
460	33720	DENTAL CLINIC PROGRAM			
461					
462	Subtotal Basic				
463					
464	33740	SCHOOL-BASED SERVICES			
465	33860	SPECIAL MEDICAID REIMBURSEMENT			
466	Subtotal Special				
467					
468	**MSA TXXI**		**$0**	**$0**	**$0**
469					
470	**0216 - QAAP**				
471	33500	HOSPITAL SERVICES AND THERAPY			
472	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
473	33520	PHYSICIANS SERVICES			
474	33590	MEDICARE PREMIUM PAYMENTS			
475	33540	PHARMACEUTICAL SERVICES			
476	33530	HOME HEALTH SERVICES			
477	33730	HOSPICE SERVICES			
478	33570	TRANSPORTATION			
479	33580	AUXILIARY MEDICAL SERVICES			
480	33660	DENTAL SERVICES			
481	33600	AMBULANCE SERVICES			
482	33680	LONG-TERM CARE SERVICES			
483	33690	INTEGRATED CARE ORGANIZATIONS			
484	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
485	33780	ADULT HOME HELP SERVICES			
486	33810	PERSONAL CARE SERVICES			
487	33550	HEALTH PLAN SERVICES			
488	33640	MICHILD PROGRAM			
489	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
490	33710	MATERNAL AND CHILD HEALTH			
491	33560	HEALTHY MICHIGAN PLAN			
492	33720	DENTAL CLINIC PROGRAM			
493					
494					
495	Subtotal Basic				
496					
497	33740	SCHOOL-BASED SERVICES			
498	33860	SPECIAL MEDICAID REIMBURSEMENT			
499	Subtotal Special				
500					
501	**0216 - MSA QAAP**		**$0**	**$0**	**$0**
502					
503	**0201 - Healthy MI Fund**				
504	33500	HOSPITAL SERVICES AND THERAPY			
505	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
506	33520	PHYSICIANS SERVICES			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
454				$0										
455				$0										
456				$0										
457				$0										
458				$0										
459				$0										
460				$0										
461														
462				$0.00										
463														
464				$0										
465				$0										
466				$0										
467														
468		**$0**	**$0**	**$0**										
469														
470														
471				$0										
472				$0										
473				$0										
474				$0										
475				$0										
476				$0										
477				$0										
478				$0										
479				$0										
480				$0										
481				$0										
482				$0										
483				$0										
484				$0										
485				$0										
486				$0										
487				$0.00										
488				$0										
489				$0										
490				$0										
491				$0										
492				$0										
493														
494														
495				$0										
496														
497				$0										
498				$0										
499				$0										
500														
501	**$0**	**$0**	**$0**	**$0**										
502														
503														
504				$0										
505				$0										
506				$0										

	A	B	C	D	E
507	33590	MEDICARE PREMIUM PAYMENTS			
508	33540	PHARMACEUTICAL SERVICES			
509	33530	HOME HEALTH SERVICES			
510	33730	HOSPICE SERVICES			
511	33570	TRANSPORTATION			
512	33580	AUXILIARY MEDICAL SERVICES			
513	33660	DENTAL SERVICES			
514	33600	AMBULANCE SERVICES			
515	33680	LONG-TERM CARE SERVICES			
516	33690	INTEGRATED CARE ORGANIZATIONS			
517	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
518	33780	ADULT HOME HELP SERVICES			
519	33810	PERSONAL CARE SERVICES			
520	33550	HEALTH PLAN SERVICES			
521	33640	MICHILD PROGRAM			
522	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
523	33710	MATERNAL AND CHILD HEALTH			
524	33560	HEALTHY MICHIGAN PLAN			
525	33720	DENTAL CLINIC PROGRAM			
526					
527					
528	Subtotal Basic				
529					
530	33740	SCHOOL-BASED SERVICES			
531	33860	SPECIAL MEDICAID REIMBURSEMENT			
532	Subtotal Special				
533					
534	**0201 - MSA Healthy MI Fund**		**$0**	**$0**	**$0**
535					
536	**0211 MEDICAID BENEFITS TRUST FUND**				
537	33500	HOSPITAL SERVICES AND THERAPY			
538	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
539	33520	PHYSICIANS SERVICES			
540	33590	MEDICARE PREMIUM PAYMENTS			
541	33540	PHARMACEUTICAL SERVICES			
542	33530	HOME HEALTH SERVICES			
543	33730	HOSPICE SERVICES			
544	33570	TRANSPORTATION			
545	33580	AUXILIARY MEDICAL SERVICES			
546	33660	DENTAL SERVICES			
547	33600	AMBULANCE SERVICES			
548	33680	LONG-TERM CARE SERVICES			
549	33690	INTEGRATED CARE ORGANIZATIONS			
550	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
551	33780	ADULT HOME HELP SERVICES			
552	33810	PERSONAL CARE SERVICES			
553	33550	HEALTH PLAN SERVICES			
554	33640	MICHILD PROGRAM			
555	#REF!	#REF!			
556	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
557	33710	MATERNAL AND CHILD HEALTH			
558	33560	HEALTHY MICHIGAN PLAN			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
507				$0										
508				$0										
509				$0										
510				$0										
511				$0										
512				$0										
513				$0										
514				$0										
515				$0										
516				$0										
517				$0										
518				$0										
519				$0										
520				$0										
521				$0										
522				$0										
523				$0										
524				$0										
525				$0										
526				$0										
527														
528				$0										
529														
530				$0										
531				$0										
532				$0										
533														
534		**$0**	**$0**	**$0**										
535														
536														
537				$0										
538				$0										
539				$0										
540				$0										
541				$0										
542				$0										
543				$0										
544				$0										
545				$0										
546				$0										
547				$0										
548				$0										
549				$0										
550				$0										
551				$0										
552				$0										
553				$0										
554				$0										
555				$0										
556				$0										
557				$0										
558				$0										

	A	B	C	D	E
559	33720	DENTAL CLINIC PROGRAM			
560					
561					
562	Subtotal Basic				
563					
564	33740	SCHOOL-BASED SERVICES			
565	33860	SPECIAL MEDICAID REIMBURSEMENT			
566	Subtotal Special				
567					
568	**MSA + MC&T**		**$0**	**$0**	**$0**
569					
570	**0230**	HEALTH INSURANCE CLAIMS ASSESSMENT			
571	33500	HOSPITAL SERVICES AND THERAPY			
572	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
573	33520	PHYSICIANS SERVICES			
574	33590	MEDICARE PREMIUM PAYMENTS			
575	33540	PHARMACEUTICAL SERVICES			
576	33530	HOME HEALTH SERVICES			
577	33730	HOSPICE SERVICES			
578	33570	TRANSPORTATION			
579	33580	AUXILIARY MEDICAL SERVICES			
580	33660	DENTAL SERVICES			
581	33600	AMBULANCE SERVICES			
582	33680	LONG-TERM CARE SERVICES			
583	33690	INTEGRATED CARE ORGANIZATIONS			
584	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
585	33780	ADULT HOME HELP SERVICES			
586	33810	PERSONAL CARE SERVICES			
587	33550	HEALTH PLAN SERVICES			
588	33640	MICHILD PROGRAM			
589	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
590	33710	MATERNAL AND CHILD HEALTH			
591	33560	HEALTHY MICHIGAN PLAN			
592	33720	DENTAL CLINIC PROGRAM			
593					
594					
595	Subtotal Basic				
596					
597	33740	SCHOOL-BASED SERVICES			
598	33860	SPECIAL MEDICAID REIMBURSEMENT			
599	Subtotal Special				
600					
601	**0201 - MSA + MC&T**		**$0**	**$0**	**$0**
602					
603	**020X - State Restricted**				
604	33500	HOSPITAL SERVICES AND THERAPY			
605	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
606	33520	PHYSICIANS SERVICES			
607	33590	MEDICARE PREMIUM PAYMENTS			
608	33540	PHARMACEUTICAL SERVICES			
609	33530	HOME HEALTH SERVICES			
610	33730	HOSPICE SERVICES			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
559				$0										
560														
561														
562				$0										
563														
564				$0										
565				$0										
566				$0										
567														
568		**$0**	**$0**	**$0**										
569														
570														
571				$0										
572				$0										
573				$0										
574				$0										
575				$0										
576				$0										
577				$0										
578				$0										
579				$0										
580				$0										
581				$0										
582				$0										
583				$0										
584				$0										
585				$0										
586				$0										
587				$0										
588				$0										
589				$0										
590				$0										
591				$0										
592				$0										
593														
594														
595		$0		$0										
596														
597				$0										
598				$0										
599		$0		$0										
600														
601		**$0**	**$0**	**$0**										
602														
603														
604				$0										
605				$0										
606				$0										
607				$0										
608				$0										
609				$0										
610				$0										

	A	B	C	D	E
611	33570	TRANSPORTATION			
612	33580	AUXILIARY MEDICAL SERVICES			
613	33660	DENTAL SERVICES			
614	33600	AMBULANCE SERVICES			
615	33680	LONG-TERM CARE SERVICES			
616	33690	INTEGRATED CARE ORGANIZATIONS			
617	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
618	33780	ADULT HOME HELP SERVICES			
619	33810	PERSONAL CARE SERVICES			
620	33550	HEALTH PLAN SERVICES			
621	33640	MICHILD PROGRAM			
622	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
623	33710	MATERNAL AND CHILD HEALTH			
624	33560	HEALTHY MICHIGAN PLAN			
625	33720	DENTAL CLINIC PROGRAM			
626					
627					
628	Subtotal Basic				
629					
630	33740	SCHOOL-BASED SERVICES			
631	33860	SPECIAL MEDICAID REIMBURSEMENT			
632	Subtotal Special				
633					
634	**020X - MSA State Restricted (incl MBTF)**		**$0**	**$0**	**$0**
635					
636	**0229 MICHILD ELIGIBLE INDIVIDUAL PREMIUM**				
637	33500	HOSPITAL SERVICES AND THERAPY			
638	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
639	33520	PHYSICIANS SERVICES			
640	33590	MEDICARE PREMIUM PAYMENTS			
641	33540	PHARMACEUTICAL SERVICES			
642	33530	HOME HEALTH SERVICES			
643	33730	HOSPICE SERVICES			
644	33570	TRANSPORTATION			
645	33580	AUXILIARY MEDICAL SERVICES			
646	33660	DENTAL SERVICES			
647	33600	AMBULANCE SERVICES			
648	33680	LONG-TERM CARE SERVICES			
649	33690	INTEGRATED CARE ORGANIZATIONS			
650	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
651	33780	ADULT HOME HELP SERVICES			
652	33810	PERSONAL CARE SERVICES			
653	33550	HEALTH PLAN SERVICES			
654	33640	MICHILD PROGRAM			
655	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
656	33710	MATERNAL AND CHILD HEALTH			
657	33560	HEALTHY MICHIGAN PLAN			
658	33720	DENTAL CLINIC PROGRAM			
659					
660					
661	Subtotal Basic				
662					
663	33740	SCHOOL-BASED SERVICES			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
611				$0										
612				$0										
613				$0										
614				$0										
615				$0										
616				$0										
617				$0										
618				$0										
619				$0										
620				$0										
621				$0										
622				$0										
623				$0										
624				$0										
625				$0										
626														
627														
628		$0		$0.00										
629														
630				$0										
631				$0.00										
632		$0		$0.00										
633														
634		**$0**	**$0**	**$0**										
635														
636														
637				$0										
638				$0										
639				$0										
640				$0										
641				$0										
642				$0										
643				$0										
644				$0										
645				$0										
646				$0										
647				$0										
648				$0										
649				$0										
650				$0										
651				$0										
652				$0										
653				$0										
654				$0										
655				$0										
656				$0										
657				$0										
658				$0										
659														
660														
661				$0										
662														
663				$0										

	A	B	C	D	E
664	33860	SPECIAL MEDICAID REIMBURSEMENT			
665	Subtotal Special				
666					
667	**0229 - MICHILD PREMIUMS**		**$0**	**$0**	**$0**
668					
669	**0102 - Merit Award Trust Fund**				
670	33500	HOSPITAL SERVICES AND THERAPY			
671	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
672	33520	PHYSICIANS SERVICES			
673	33590	MEDICARE PREMIUM PAYMENTS			
674	33540	PHARMACEUTICAL SERVICES			
675	33530	HOME HEALTH SERVICES			
676	33730	HOSPICE SERVICES			
677	33570	TRANSPORTATION			
678	33580	AUXILIARY MEDICAL SERVICES			
679	33660	DENTAL SERVICES			
680	33600	AMBULANCE SERVICES			
681	33680	LONG-TERM CARE SERVICES			
682	33690	INTEGRATED CARE ORGANIZATIONS			
683	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
684	33780	ADULT HOME HELP SERVICES			
685	33810	PERSONAL CARE SERVICES			
686	33550	HEALTH PLAN SERVICES			
687	33640	MICHILD PROGRAM			
688	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
689	33710	MATERNAL AND CHILD HEALTH			
690	33560	HEALTHY MICHIGAN PLAN			
691	33720	DENTAL CLINIC PROGRAM			
692					
693					
694	Subtotal Basic				
695					
696	33740	SCHOOL-BASED SERVICES			
697	33860	SPECIAL MEDICAID REIMBURSEMENT			
698	Subtotal Special				
699					
700	**0102 - MSA Merit Award**		**$0**	**$0**	**$0**
701					
702	**0400 - Local**				
703	33500	HOSPITAL SERVICES AND THERAPY			
704	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
705	33520	PHYSICIANS SERVICES			
706	33590	MEDICARE PREMIUM PAYMENTS			
707	33540	PHARMACEUTICAL SERVICES			
708	33530	HOME HEALTH SERVICES			
709	33730	HOSPICE SERVICES			
710	33570	TRANSPORTATION			
711	33580	AUXILIARY MEDICAL SERVICES			
712	33660	DENTAL SERVICES			
713	33600	AMBULANCE SERVICES			
714	33680	LONG-TERM CARE SERVICES			
715	33690	INTEGRATED CARE ORGANIZATIONS			
716	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
664				$0										
665				$0										
666														
667		**$0**	**$0**	**$0**										
668														
669														
670				$0										
671				$0										
672				$0										
673				$0										
674				$0										
675				$0										
676				$0										
677				$0										
678				$0										
679				$0										
680				$0										
681				$0										
682				$0										
683				$0										
684				$0										
685				$0										
686				$0										
687				$0										
688				$0										
689				$0										
690				$0										
691				$0										
692														
693														
694				$0										
695														
696				$0										
697				$0										
698				$0										
699														
700		**$0**	**$0**	**$0**										
701														
702														
703				$0										
704				$0										
705				$0										
706				$0										
707				$0										
708				$0										
709				$0										
710				$0										
711				$0										
712				$0										
713				$0										
714				$0										
715				$0										
716				$0										

	A	B	C	D	E
717	33780	ADULT HOME HELP SERVICES			
718	33810	PERSONAL CARE SERVICES			
719	33550	HEALTH PLAN SERVICES			
720	33640	MICHILD PROGRAM			
721	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
722	33710	MATERNAL AND CHILD HEALTH			
723	33560	HEALTHY MICHIGAN PLAN			
724	33720	DENTAL CLINIC PROGRAM			
725					
726					
727	Subtotal Basic				
728					
729	33740	SCHOOL-BASED SERVICES			
730	33860	SPECIAL MEDICAID REIMBURSEMENT			
731	Subtotal Special				
732					
733	**0400 - MSA Local**		**$0**	**$0**	**$0**
734					
735	**0500 - Private**				
736	33500	HOSPITAL SERVICES AND THERAPY			
737	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
738	33520	PHYSICIANS SERVICES			
739	33590	MEDICARE PREMIUM PAYMENTS			
740	33540	PHARMACEUTICAL SERVICES			
741	33530	HOME HEALTH SERVICES			
742	33730	HOSPICE SERVICES			
743	33570	TRANSPORTATION			
744	33580	AUXILIARY MEDICAL SERVICES			
745	33660	DENTAL SERVICES			
746	33600	AMBULANCE SERVICES			
747	33680	LONG-TERM CARE SERVICES			
748	33690	INTEGRATED CARE ORGANIZATIONS			
749	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
750	33780	ADULT HOME HELP SERVICES			
751	33810	PERSONAL CARE SERVICES			
752	33550	HEALTH PLAN SERVICES			
753	33640	MICHILD PROGRAM			
754	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
755	33710	MATERNAL AND CHILD HEALTH			
756	33560	HEALTHY MICHIGAN PLAN			
757	33720	DENTAL CLINIC PROGRAM			
758					
759					
760	Subtotal Basic				
761					
762	33740	SCHOOL-BASED SERVICES			
763	33860	SPECIAL MEDICAID REIMBURSEMENT			
764	Subtotal Special				
765					
766	**0500 - MSA Private**		**$0**	**$0**	**$0**
767					
768					
769	**0300 - Money Follows the Person**				

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
717				$0										
718				$0										
719				$0										
720				$0										
721				$0										
722				$0										
723				$0										
724				$0										
725														
726														
727		$0		$0										
728														
729				$0										
730				$0										
731		$0		$0										
732														
733		**$0**	**$0**	**$0**										
734														
735														
736				$0										
737				$0										
738				$0										
739				$0										
740				$0										
741				$0										
742				$0										
743				$0										
744				$0										
745				$0										
746				$0										
747				$0										
748				$0										
749				$0										
750				$0										
751				$0										
752				$0										
753				$0										
754				$0										
755				$0										
756				$0										
757				$0										
758														
759														
760				$0										
761														
762				$0										
763				$0										
764				$0										
765														
766		**$0**	**$0**	**$0**										
767														
768														
769														

	A	B	C	D	E
770	33500	HOSPITAL SERVICES AND THERAPY			
771	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
772	33520	PHYSICIANS SERVICES			
773	33590	MEDICARE PREMIUM PAYMENTS			
774	33540	PHARMACEUTICAL SERVICES			
775	33530	HOME HEALTH SERVICES			
776	33730	HOSPICE SERVICES			
777	33570	TRANSPORTATION			
778	33580	AUXILIARY MEDICAL SERVICES			
779	33660	DENTAL SERVICES			
780	33600	AMBULANCE SERVICES			
781	33680	LONG-TERM CARE SERVICES			
782	33690	INTEGRATED CARE ORGANIZATIONS			
783	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
784	33780	ADULT HOME HELP SERVICES			
785	33810	PERSONAL CARE SERVICES			
786	33550	HEALTH PLAN SERVICES			
787	33640	MICHILD PROGRAM			
788	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
789	33710	MATERNAL AND CHILD HEALTH			
790	33560	HEALTHY MICHIGAN PLAN			
791	33720	DENTAL CLINIC PROGRAM			
792					
793					
794	Subtotal Basic				
795					
796	33740	SCHOOL-BASED SERVICES			
797	33860	SPECIAL MEDICAID REIMBURSEMENT			
798	Subtotal Special				
799					
800	**0300 - MSA Money Follows the Person**		**$0**	**$0**	**$0**
801					
802	**Enhanced FMAP**				
803	33500	HOSPITAL SERVICES AND THERAPY			
804	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			
805	33520	PHYSICIANS SERVICES			
806	33590	MEDICARE PREMIUM PAYMENTS			
807	33540	PHARMACEUTICAL SERVICES			
808	33530	HOME HEALTH SERVICES			
809	33730	HOSPICE SERVICES			
810	33570	TRANSPORTATION			
811	33580	AUXILIARY MEDICAL SERVICES			
812	33660	DENTAL SERVICES			
813	33600	AMBULANCE SERVICES			
814	33680	LONG-TERM CARE SERVICES			
815	33690	INTEGRATED CARE ORGANIZATIONS			
816	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			
817	33780	ADULT HOME HELP SERVICES			
818	33810	PERSONAL CARE SERVICES			
819	33550	HEALTH PLAN SERVICES			
820	33640	MICHILD PROGRAM			
821	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			
822	33710	MATERNAL AND CHILD HEALTH			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
770				$0										
771				$0										
772				$0										
773				$0										
774				$0										
775				$0										
776				$0										
777				$0										
778				$0										
779				$0										
780				$0										
781				$0										
782				$0										
783				$0										
784				$0										
785				$0										
786				$0										
787				$0										
788				$0										
789				$0										
790				$0										
791				$0										
792														
793														
794				$0										
795														
796				$0										
797				$0										
798				$0										
799														
800		**$0**	**$0**	**$0**										
801														
802														
803				$0										
804				$0										
805				$0										
806				$0										
807				$0										
808				$0										
809				$0										
810				$0										
811				$0										
812				$0										
813				$0										
814				$0										
815				$0										
816				$0										
817				$0										
818				$0										
819				$0										
820				$0										
821				$0										
822				$0										

	A	B	C	D	E
823	33560	HEALTHY MICHIGAN PLAN			
824	33720	DENTAL CLINIC PROGRAM			
825					
826					
827	Subtotal Basic				
828					
829	33740	SCHOOL-BASED SERVICES			
830	33860	SPECIAL MEDICAID REIMBURSEMENT			
831	Subtotal Special				
832					
833	**Enhanced FMAP**		**$0**	**$0**	**$0**

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
823				$0										
824				$0										
825														
826														
827				$0										
828														
829				$0										
830				$0										
831				$0										
832														
833		**$0**	**$0**	**$0**										

	A	B	C	D	E	F	G	H	I	J	K	L
1	**DEPARTMENT OF HEALTH AND HUMAN SERVICES**											
2	**PENDING ADJUSTMENTS - AS OF March, 2016**											
3												
4	APPN#	**APPROPRIATION UNIT**	391XXX	XXXXXX	TOTAL							
5	OR				AUTHORIZATION							
6	FUND	ACCOUNT TITLE										
7												
8		**SECTION 102 - DEPARTMENTWIDE ADMINISTRATION**										
9	01000	DIRECTOR AND OTHER UNCLASSIFIED			$0							
10	01191	DEPARTMENTAL ADMINISTRATION & MANAGEMENT			$0							
11	11232	WORKER'S COMPENSATION PROGRAM			$0							
12	81000	MICHIGAN MEDICAID INFORMATION SYSTEM			$0							
13	02401	DEVELOP DISABILITIES COUNCIL & PROJECTS			$0							
14		**UNIT TOTAL**	$0	$0	$0							
15												
16	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
17	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
18	0300	TOTAL FEDERAL REVENUES			$0							
19	0330	TANF			$0							
20	1198	IDG FROM DOE			$0							
21	0929	CAPPED FEDERAL REVENUES			$0							
22	0500	TOTAL PRIVATE REVENUES			$0							
23												
24		**SECTION 105 - CHILDREN'S SERVICES AGENCY - CHILD WELFARE**										
25	14255	FAMILY SUPPORT SUBSIDY			**$0**							
26												
27	0330	TANF			**$0**							
28												
29		**SECTION 107 - PUBLIC ASSISTANCE**										
30	02968	MULTICULTURAL INTEGRATION FUNDING			$0							
31												
32	0100	GENERAL FUND/GENERAL PURPOSE			$0							
33	0300	FEDERAL REVENUES			$0							
34	0929	CAPPED FEDERAL REVENUES			$0							
35	0330	TANF			$0							
36												
37		**SECTION 110 - BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS**										
38	01130	MENTAL HEALTH/SUBSTANCE ABUSE ADMIN			$0							
39	01154	GAMBLING ADDICTION			$0							
40	01161	PROTECTION AND ADVOCACY SERVICES SUPPORT			$0							
41	02733	COMMUNITY RESIDENTIAL AND SUPPORT SERVICES			$0							
42	13468	FEDERAL AND OTHER SPECIAL PROJECTS			$0							
43	14249	HOUSING AND SUPPORT SERVICES			$0							
44		**UNIT TOTAL**	$0	$0	$0							
45												
46	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
47	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
48	0300	TOTAL FEDERAL REVENUES			$0							
49	0330	TANF			$0							
50	0500	TOTAL PRIVATE REVENUES			$0							
51												
52		**SECTION 111 - BEHAVIORAL HEALTH SERVICES**										
53	02965	MEDICAID MENTAL HEALTH SERVICES			$0							
54	02966	CMH NON-MEDICAID SERVICES			$0							
55	02970	MEDICAID SUBSTANCE ABUSE SERVICES			$0							
56	02999	CIVIL SERVICE CHARGES			$0							
57	02922	FEDERAL MENTAL HEALTH BLOCK GRANT			$0							
58	13467	STATE DIS ASSIST PROGRAM SUB ABUSE SERV			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
117		**UNIT TOTAL**	$0	$0	$0							
118												
119	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
120	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
121	0300	TOTAL FEDERAL REVENUES			$0							
122	0500	TOTAL PRIVATE REVENUES			$0							
123	0604	IDG FROM THE DEPARTMENT OF TREASURY			$0							
124	0607	IDG FROM THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS			$0							
125												
126		**SECTION 115 - LABORATORY SERVICES**										
127	16230	LABORATORY SERVICES			$0							
128		**UNIT TOTAL**	$0	$0	$0							
129												
130	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
131	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
132	0300	TOTAL FEDERAL REVENUES			$0							
133	0605	IDG-DEPARTMENT OF ENVIRONMENTAL QUALITY			$0							
134												
135		**SECTION 116 - EPIDEMIOLOGY AND INFECTIOUS DISEASE**										
136	15150	AIDS SURVEILLANCE AND PREVENTION PROGRAM	$0	$0	$0							
137	15159	BIOTERRORISM PREPAREDNESS	$0	$0	$0							
138	15155	EPIDEMIOLOGY ADMINISTRATION	$0	$0	$0							
139	12258	HEALTHY HOMES PROGRAM	$0	$0	$0							
140	16758	IMMUNIZATION PROGRAM	$0	$0	$0							
141	15173	NEWBORN SCREENING FOLLOW-UP AND TREATMENT SERV	$0	$0	$0							
142	16753	SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM	$0	$0	$0							
143	15157	TUBERCULOSIS CONTROL & PREVENTION	$0	$0	$0							
144		**UNIT TOTAL**	$0	$0	$0							
145												
146	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
147	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
148	0300	TOTAL FEDERAL REVENUES			$0							
149	0500	TOTAL PRIVATE REVENUES			$0							
150												
151		**SECTION 117 - LOCAL HEALTH ADMINISTRATION AND GRANTS**										
152	12263	ESSENTIAL LOCAL PUBLIC HEALTH SERVICES			$0							
153	12273	IMPLEMENTATION OF 1993 PA 133			$0							
154	12271	LOCAL HEALTH SERVICES			$0							
155	12266	MED SRVS COST REIM TO LOCAL HEALTH DEPTS			$0							
156		**UNIT TOTAL**	$0	$0	$0							
157												
158	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
159	0300	TOTAL FEDERAL REVENUES			$0							
160	0400	TOTAL LOCAL REVENUES			$0							
161												
162		**SECTION 118 - CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION**										
163	16764	AIDS PREVENTION, TESTING, AND CARE PROGRAMS	$0	$0	$0							
164	11340	ALZHEIMER'S DISEASE IN-HOME CARE PILOT	$0	$0	$0							
165	11352	CANCER PREVENTION AND CONTROL PROGRAM	$0	$0	$0							
166	11380	CHRONIC DISEASE CONTROL & HEALTH PROMOTION ADMIN	$0	$0	$0							
167	11363	DIABETES AND KIDNEY PROGRAM	$0	$0	$0							
168	11360	SMOKING PREVENTION PROGRAM	$0	$0	$0							
169	11386	VIOLENCE PREVENTION	$0	$0	$0							
170		**UNIT TOTAL**	**$0**	**$0**	**$0**							
171												
172	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
173	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
174	0300	TOTAL FEDERAL REVENUES			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
175	0500	TOTAL PRIVATE REVENUES			$0							
176												
177		**SECTION 119 - FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES**										
178	14254	CHILDHOOD LEAD PROGRAM			$0							
179	14274	DENTAL PROGRAMS			$0							
180	14230	FAMILY, MATERNAL, AND CHILDREN'S HEALTH SER ADMIN			$0							
181	14281	FAMILY PLANNING LOCAL AGREEMENTS			$0							
182	14262	LOCAL MCH SERVICES			$0							
183	14251	PREGNANCY PREVENTION PROGRAM			$0							
184	14289	PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT			$0							
185	14259	SPECIAL PROJECTS			$0							
186	14257	SUDDEN INFANT DEATH SYNDROME PROGRAM			$0							
187		**UNIT TOTAL**	**0**	**0**	**0**							
188												
189	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
190	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
191	0300	TOTAL FEDERAL REVENUES			$0							
192	0400	TOTAL LOCAL REVENUES			$0							
193	0500	TOTAL PRIRVATE REVENUES			$0							
194												
195		**SECTION 120 - WOMEN, INFANTS, & CHILDREN FOOD & NUTR PROG**										
196	14295	WIC PROGRAM ADMINISTRATION AND SPECIAL PROJ			$0							
197	14275	WIC PROGRAM LOCAL AGREEMENTS & FOOD COSTS			$0							
198		**UNIT TOTAL**	$0	$0	$0							
199												
200	0300	TOTAL FEDERAL REVENUES			$0							
201	0500	TOTAL PRIVATE REVENUES			$0							
202												
203		**SECTION 121 - CHILDREN'S SPECIAL HEALTH CARE SERVICES**										
204	14330	CSHCS ADMINISTRATION			$0							
205	14358	BEQUESTS FOR CARE AND SERVICES			$0							
206	14356	OUTREACH AND ADVOCACY			$0							
207	14357	CONVEYOR CONTRACT			$0							
208	14355	MEDICAL CARE AND TREATMENT			$0							
209		**UNIT TOTAL**	$0	$0	$0							
210												
211	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
212	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
213	0300	TOTAL FEDERAL REVENUES			$0							
214	0500	TOTAL PRIVATE REVENUES			$0							
215												
216		**SECTION 122 - CRIME VICTIM SERVICES COMMISSION**										
217	51601	GRANTS ADMINISTRATIVE SERVICES			$0							
218	51638	JUSTICE ASSISTANCE GRANTS			$0							
219	55537	CRIME VICTIM RIGHTS SERVICES GRANTS			$0							
220		**UNIT TOTAL**	$0	$0	$0							
221												
222	0205	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
223	0300	TOTAL FEDERAL REVENUES			$0							
224												
225		**SECTION 123 - OFFICE OF SERVICES TO THE AGING**										
226	46502	AGING AND ADULT SERVICES ADMINISTRATION			$0							
227	46511	COMMUNITY SERVICES			$0							
228	81200	ELDER LAW OF MICHIGAN MiCAFE CONTRACT			$0							
229	46512	NUTRITION SERVICES			$0							
230	46515	EMPLOYMENT ASSISTANCE			$0							
231	33620	PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY			$0							
232	46520	RESPITE CARE PROGRAM			$0							
233	46513	SENIOR VOLUNTEER SERVICE PROGRAMS			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
234		**UNIT TOTAL**	$0	$0	$0							
235												
236	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
237	0206	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
238	0102	MERIT AWARD TRUST FUND			$0							
239	0300	TOTAL FEDERAL REVENUES			$0							
240	0929	CAPPED FEDERAL REVENUE			$0							
241	0500	TOTAL PRIVATE REVENUES			$0							
242												
243		**SECTION 124 - MEDICAL SERVICES ADMINISTRATION**										
244	34010	MEDICAL SERVICES ADMINISTRATION			$0							
245	34030	HEALTHY MICHIGAN PLAN ADMINISTRATION			$0							
246	34400	FACILITY INSPECTION CONTRACT - STATE POLICE			$0							
247	34300	MICHILD ADMINISTRATION			$0							
248	34020	ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM			$0							
249		**UNIT TOTAL**	$0	$0	$0							
250												
251	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
252	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
253	0300	TOTAL FEDERAL REVENUES			$0							
254	0929	CAPPED FEDERAL REVENUE										
255	0330	TANF										
256	0400	TOTAL LOCAL REVENUES			$0							
257	0500	TOTAL PRIVATE REVENUES			$0							
258												
259		**SECTION 125 - MEDICAL SERVICES**										
260	33500	HOSPITAL SERVICES AND THERAPY	$0	$0	$0							
261	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS	$0	$0	$0							
262	33520	PHYSICIANS SERVICES	$0	$0	$0							
263	33590	MEDICARE PREMIUM PAYMENTS	$0	$0	$0							
264	33540	PHARMACEUTICAL SERVICES	$0	$0	$0							
265	33530	HOME HEALTH SERVICES	$0	$0	$0							
266	33730	HOSPICE SERVICES	$0	$0	$0							
267	33570	TRANSPORTATION	$0	$0	$0							
268	33580	AUXILIARY MEDICAL SERVICES	$0	$0	$0							
269	33660	DENTAL SERVICES	$0	$0	$0							
270	33600	AMBULANCE SERVICES	$0	$0	$0							
271	33680	LONG-TERM CARE SERVICES	$0	$0	$0							
272	33690	INTEGRATED CARE ORGANIZATIONS	$0	$0	$0							
273	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER	$0	$0	$0							
274	33780	ADULT HOME HELP SERVICES	$0	$0	$0							
275	33810	PERSONAL CARE SERVICES	$0	$0	$0							
276	33550	HEALTH PLAN SERVICES	$0	$0	$0							
277	33640	MICHILD PROGRAM	$0	$0	$0							
278	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM	$0	$0	$0							
279	33710	MATERNAL AND CHILD HEALTH	$0	$0	$0							
280	33560	HEALTHY MICHIGAN PLAN	$0	$0	$0							
281	33740	SCHOOL-BASED SERVICES	$0	$0	$0							
282	33720	DENTAL CLINIC PROGRAM										
283	33860	SPECIAL MEDICAID REIMBURSEMENT	$0	$0	$0							
284		**UNIT TOTAL**	$0	$0	$0							
285												
286	0100	STATE GENERAL FUND/GENERAL PURPOSE	$0	$0	$0							
287	0200	TOTAL OTHER STATE RESTRICTED REVENUES	$0	$0	$0							
288	0201	HEALTHY MI FUND	$0	$0	$0							
289	0216	QUALITY ASSESSMENT										
290	0102	MERIT AWARD TRUST FUND	$0	$0	$0							
291	0300	TOTAL FEDERAL REVENUES	$0	$0	$0							
292	0400	TOTAL LOCAL REVENUES	$0	$0	$0							

	A	B	C	D	E	F	G	H	I	J	K	L
293	0500	TOTAL PRIVATE REVENUES	$0	$0	$0							
294												
295		**SECTION 126 - ONE-TIME BASIS ONLY**										
296	11100	PAY FOR SUCCESS CONTRACTS			$0							
297	14241	MENTAL HEALTH COMMISSION RECOMMENDATIONS			$0							
298	11600	EMPLOYMENT AND TRAINING SUPPORT SERVICES			$0							
299	11400	DRUG POLICY INITIATIVES			$0							
300	11500	HOSPICE SERVICES			$0							
301		**UNIT TOTAL**	$0	$0	$0							
302												
303	0100	GENERAL FUND/GENERAL PURPOSE			$0							
304	0330	TANF			$0							
305												
306		**CONTINGENCY FUNDS**										
307	01123	FEDERAL CONTINGENCY FUND			$0							
308	01125	STATE RESTRICTED CONTINGENCY FUND			$0							
309	01124	LOCAL CONTINGENCY FUND			$0							
310	01128	PRIVATE CONTINGENCY FUND			$0							
311		**UNIT TOTAL**	$0	$0	$0							
312												
313	0200	STATE CONTINGENCY REVENUES			$0							
314	0300	FEDERAL CONTINGENCY REVENUES			$0							
315	0400	LOCAL CONTINGENCY REVENUES			$0							
316	0500	PRIVATE CONTINGENCY REVENUES			$0							
317												
318		**GRAND TOTAL:**	$0	$0	$0							
319												
320	0100	GEN PURP FINANCING - EXPENDITURES (DCH)	$0	$0	$0							
321	0200	STATE RESTRICTED REVENUES - (DCH)	$0	$0	$0							
322	0201	HEALTHY MI FUND	$0	$0	$0							
323	0216	QUALITY ASSESSMENT										
324	0102	MERIT AWARD TRUST FUND	$0	$0	$0							
325	0300	FEDERAL REVENUES - (DCH)	$0	$0	$0							
326	0400	LOCAL REVENUES - (DCH)	$0	$0	$0							
327	0500	PRIVATE REVENUE - (DCH)	$0	$0	$0							
328	0602	IDG FROM THE DEPARTMENT OF HUMAN SERVICES	$0	#REF!	#REF!							
329	0604	IDG FROM THE DEPARTMENT OF TREASURY	$0	$0	$0							
330	0605	IDG-DEPARTMENT OF ENVIRONMENTAL QUALITY	$0	$0	$0							
331	0607	IDG FROM THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS	$0	$0	$0							
332	0707	CMHSP-PURCHASE OF STATE SRVS CONTRACTS	#REF!	#REF!	#REF!							
333			#REF!	#REF!	#REF!							
334												
335												
336	**GF**											
337	33500	HOSPITAL SERVICES AND THERAPY			$0							
338	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
339	33520	PHYSICIANS SERVICES			$0							
340	33590	MEDICARE PREMIUM PAYMENTS			$0							
341	33540	PHARMACEUTICAL SERVICES			$0							
342	33530	HOME HEALTH SERVICES			$0							
343	33730	HOSPICE SERVICES			$0							
344	33570	TRANSPORTATION			$0							
345	33580	AUXILIARY MEDICAL SERVICES			$0							
346	33660	DENTAL SERVICES			$0							
347	33600	AMBULANCE SERVICES			$0							
348	33680	LONG-TERM CARE SERVICES			$0							
349	33690	INTEGRATED CARE ORGANIZATIONS			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
350	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
351	33780	ADULT HOME HELP SERVICES			$0							
352	33810	PERSONAL CARE SERVICES			$0							
353	#REF!	#REF!			$0							
354	33870	#REF!			$0							
355	33550	HEALTH PLAN SERVICES			$0							
356	33630	#REF!			$0							
357	33640	MICHILD PROGRAM			$0							
358	#REF!	#REF!			$0							
359	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
360	33710	MATERNAL AND CHILD HEALTH			$0							
361	33560	HEALTHY MICHIGAN PLAN			$0							
362												
363	Subtotal Basic				$0							
364												
365	33740	SCHOOL-BASED SERVICES			$0							
366	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
367	Subtotal Special				$0							
368												
369	MSA GF		$0	$0	$0							
370												
371												
372	**T-XIX**											
373	33500	HOSPITAL SERVICES AND THERAPY			$0							
374	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
375	33520	PHYSICIANS SERVICES			$0							
376	33590	MEDICARE PREMIUM PAYMENTS			$0							
377	33540	PHARMACEUTICAL SERVICES			$0							
378	33530	HOME HEALTH SERVICES			$0							
379	33730	HOSPICE SERVICES			$0							
380	33570	TRANSPORTATION			$0							
381	33580	AUXILIARY MEDICAL SERVICES			$0							
382	33660	DENTAL SERVICES			$0							
383	33600	AMBULANCE SERVICES			$0							
384	33680	LONG-TERM CARE SERVICES			$0							
385	33690	INTEGRATED CARE ORGANIZATIONS			$0							
386	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
387	33780	ADULT HOME HELP SERVICES			$0							
388	33810	PERSONAL CARE SERVICES			$0							
389	#REF!	#REF!			$0							
390	33870	#REF!			$0							
391	33550	HEALTH PLAN SERVICES			$0							
392	33630	#REF!			$0							
393	33640	MICHILD PROGRAM			$0							
394	#REF!	#REF!			$0							
395	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
396	33710	MATERNAL AND CHILD HEALTH			$0							
397	33560	HEALTHY MICHIGAN PLAN			$0							
398												
399	Subtotal Basic		$0		$0							
400												
401	33740	SCHOOL-BASED SERVICES			$0							
402	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
403	Subtotal Special				$0							
404												
405	**MSA TXIX**		**$0**	**$0**	**$0**							
406												
407												
408	**0303 - ARRA**											
409	33500	HOSPITAL SERVICES AND THERAPY			$0							
410	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
411	33520	PHYSICIANS SERVICES			$0							
412	33590	MEDICARE PREMIUM PAYMENTS			$0							
413	33540	PHARMACEUTICAL SERVICES			$0							
414	33530	HOME HEALTH SERVICES			$0							
415	33730	HOSPICE SERVICES			$0							
416	33570	TRANSPORTATION			$0							
417	33580	AUXILIARY MEDICAL SERVICES			$0							
418	33660	DENTAL SERVICES			$0							
419	33600	AMBULANCE SERVICES			$0							
420	33680	LONG-TERM CARE SERVICES			$0							
421	33690	INTEGRATED CARE ORGANIZATIONS										
422	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
423	33780	ADULT HOME HELP SERVICES			$0							
424	33810	PERSONAL CARE SERVICES			$0							
425	#REF!	#REF!			$0							
426	33870	#REF!										
427	33550	HEALTH PLAN SERVICES			$0							
428	33630	#REF!										
429	33640	MICHILD PROGRAM			$0							
430	#REF!	#REF!			$0							
431	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
432	33710	MATERNAL AND CHILD HEALTH			$0							
433	33560	HEALTHY MICHIGAN PLAN										
434												
435												
436	Subtotal Basic				$0							
437												
438	33740	SCHOOL-BASED SERVICES			$0							
439	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
440	Subtotal Special				$0							
441												
442	**0303 - MSA ARRA**		**$0**	**$0**	**$0**							
443												
444	**T-XXI**											
445	33500	HOSPITAL SERVICES AND THERAPY			$0							
446	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
447	33520	PHYSICIANS SERVICES			$0							
448	33590	MEDICARE PREMIUM PAYMENTS			$0							
449	33540	PHARMACEUTICAL SERVICES			$0							
450	33530	HOME HEALTH SERVICES			$0							
451	33730	HOSPICE SERVICES			$0							
452	33570	TRANSPORTATION			$0							
453	33580	AUXILIARY MEDICAL SERVICES			$0							
454	33660	DENTAL SERVICES			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
455	33600	AMBULANCE SERVICES			$0							
456	33680	LONG-TERM CARE SERVICES			$0							
457	33690	INTEGRATED CARE ORGANIZATIONS			$0							
458	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
459	33780	ADULT HOME HELP SERVICES			$0							
460	33810	PERSONAL CARE SERVICES			$0							
461	#REF!	#REF!			$0							
462	33870	#REF!			$0							
463	33550	HEALTH PLAN SERVICES			$0							
464	33630	#REF!			$0							
465	33640	MICHILD PROGRAM			$0							
466	#REF!	#REF!			$0							
467	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
468	33710	MATERNAL AND CHILD HEALTH			$0							
469	33560	HEALTHY MICHIGAN PLAN			$0							
470												
471												
472	Subtotal Basic				$0							
473												
474	33740	SCHOOL-BASED SERVICES			$0							
475	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
476	Subtotal Special				$0							
477												
478	**MSA TXXI**		**$0**	**$0**	**$0**							
479												
480	**0216 - QAAP**											
481	33500	HOSPITAL SERVICES AND THERAPY			$0							
482	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
483	33520	PHYSICIANS SERVICES			$0							
484	33590	MEDICARE PREMIUM PAYMENTS			$0							
485	33540	PHARMACEUTICAL SERVICES			$0							
486	33530	HOME HEALTH SERVICES			$0							
487	33730	HOSPICE SERVICES			$0							
488	33570	TRANSPORTATION			$0							
489	33580	AUXILIARY MEDICAL SERVICES			$0							
490	33660	DENTAL SERVICES			$0							
491	33600	AMBULANCE SERVICES			$0							
492	33680	LONG-TERM CARE SERVICES			$0							
493	33690	INTEGRATED CARE ORGANIZATIONS			$0							
494	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
495	33780	ADULT HOME HELP SERVICES			$0							
496	33810	PERSONAL CARE SERVICES			$0							
497	#REF!	#REF!			$0							
498	33870	#REF!			$0							
499	33550	HEALTH PLAN SERVICES			$0							
500	33630	#REF!			$0							
501	33640	MICHILD PROGRAM			$0							
502	#REF!	#REF!			$0							
503	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
504	33710	MATERNAL AND CHILD HEALTH			$0							
505	33560	HEALTHY MICHIGAN PLAN			$0							
506												
507												

	A	B	C	D	E	F	G	H	I	J	K	L
508	Subtotal Basic				$0							
509												
510	33740	SCHOOL-BASED SERVICES			$0							
511	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
512	Subtotal Special				$0							
513												
514	**0216 - MSA QAAP**		**$0**	**$0**	**$0**							
515												
516	**0201 - Healthy MI Fund**											
517	33500	HOSPITAL SERVICES AND THERAPY			$0							
518	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
519	33520	PHYSICIANS SERVICES			$0							
520	33590	MEDICARE PREMIUM PAYMENTS			$0							
521	33540	PHARMACEUTICAL SERVICES			$0							
522	33530	HOME HEALTH SERVICES			$0							
523	33730	HOSPICE SERVICES			$0							
524	33570	TRANSPORTATION			$0							
525	33580	AUXILIARY MEDICAL SERVICES			$0							
526	33660	DENTAL SERVICES			$0							
527	33600	AMBULANCE SERVICES			$0							
528	33680	LONG-TERM CARE SERVICES			$0							
529	33690	INTEGRATED CARE ORGANIZATIONS			$0							
530	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
531	33780	ADULT HOME HELP SERVICES			$0							
532	33810	PERSONAL CARE SERVICES			$0							
533	#REF!	#REF!			$0							
534	33870	#REF!			$0							
535	33550	HEALTH PLAN SERVICES			$0							
536	33630	#REF!			$0							
537	33640	MICHILD PROGRAM			$0							
538	#REF!	#REF!			$0							
539	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
540	33710	MATERNAL AND CHILD HEALTH			$0							
541	33560	HEALTHY MICHIGAN PLAN			$0							
542												
543												
544	Subtotal Basic				$0							
545												
546	33740	SCHOOL-BASED SERVICES			$0							
547	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
548	Subtotal Special				$0							
549												
550	**0201 - MSA Healthy MI Fund**		**$0**	**$0**	**$0**							
551												
552	**0211 MEDICAID BENEFITS TRUST FUND**											
553	33500	HOSPITAL SERVICES AND THERAPY			$0							
554	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
555	33520	PHYSICIANS SERVICES			$0							
556	33590	MEDICARE PREMIUM PAYMENTS			$0							
557	33540	PHARMACEUTICAL SERVICES			$0							
558	33530	HOME HEALTH SERVICES			$0							
559	33730	HOSPICE SERVICES			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
560	33570	TRANSPORTATION			$0							
561	33580	AUXILIARY MEDICAL SERVICES			$0							
562	33660	DENTAL SERVICES			$0							
563	33600	AMBULANCE SERVICES			$0							
564	33680	LONG-TERM CARE SERVICES			$0							
565	33690	INTEGRATED CARE ORGANIZATIONS			$0							
566	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
567	33780	ADULT HOME HELP SERVICES			$0							
568	33810	PERSONAL CARE SERVICES			$0							
569	#REF!	#REF!			$0							
570	33870	#REF!			$0							
571	33550	HEALTH PLAN SERVICES			$0							
572	33630	#REF!			$0							
573	33640	MICHILD PROGRAM			$0							
574	#REF!	#REF!			$0							
575	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
576	33710	MATERNAL AND CHILD HEALTH			$0							
577	33560	HEALTHY MICHIGAN PLAN			$0							
578												
579												
580	Subtotal Basic				$0							
581												
582	33740	SCHOOL-BASED SERVICES			$0							
583	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
584	Subtotal Special				$0							
585												
586	**MSA + MC&T**		**$0**	**$0**	**$0**							
587												
588	**0230**	HEALTH INSURANCE CLAIMS ASSESSMENT										
589	33500	HOSPITAL SERVICES AND THERAPY			$0							
590	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
591	33520	PHYSICIANS SERVICES			$0							
592	33590	MEDICARE PREMIUM PAYMENTS			$0							
593	33540	PHARMACEUTICAL SERVICES			$0							
594	33530	HOME HEALTH SERVICES			$0							
595	33730	HOSPICE SERVICES			$0							
596	33570	TRANSPORTATION			$0							
597	33580	AUXILIARY MEDICAL SERVICES			$0							
598	33660	DENTAL SERVICES			$0							
599	33600	AMBULANCE SERVICES			$0							
600	33680	LONG-TERM CARE SERVICES			$0							
601	33690	INTEGRATED CARE ORGANIZATIONS			$0							
602	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
603	33780	ADULT HOME HELP SERVICES			$0							
604	33810	PERSONAL CARE SERVICES			$0							
605	#REF!	#REF!			$0							
606	33870	#REF!			$0							
607	33550	HEALTH PLAN SERVICES			$0							
608	33630	#REF!			$0							
609	33640	MICHILD PROGRAM			$0							
610	#REF!	#REF!			$0							
611	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
612	33710	MATERNAL AND CHILD HEALTH			$0							
613	33560	HEALTHY MICHIGAN PLAN			$0							
614												
615												
616	Subtotal Basic				$0							
617												
618	33740	SCHOOL-BASED SERVICES			$0							
619	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
620	Subtotal Special				$0							
621												
622	**0201 - MSA + MC&T**		**$0**	**$0**	**$0**							
623												
624	**020X - State Restricted**											
625	33500	HOSPITAL SERVICES AND THERAPY			$0							
626	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
627	33520	PHYSICIANS SERVICES			$0							
628	33590	MEDICARE PREMIUM PAYMENTS			$0							
629	33540	PHARMACEUTICAL SERVICES			$0							
630	33530	HOME HEALTH SERVICES			$0							
631	33730	HOSPICE SERVICES			$0							
632	33570	TRANSPORTATION			$0							
633	33580	AUXILIARY MEDICAL SERVICES			$0							
634	33660	DENTAL SERVICES			$0							
635	33600	AMBULANCE SERVICES			$0							
636	33680	LONG-TERM CARE SERVICES			$0							
637	33690	INTEGRATED CARE ORGANIZATIONS			$0							
638	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
639	33780	ADULT HOME HELP SERVICES			$0							
640	33810	PERSONAL CARE SERVICES			$0							
641	#REF!	#REF!			$0							
642	33870	#REF!			$0							
643	33550	HEALTH PLAN SERVICES			$0							
644	33630	#REF!			$0							
645	33640	MICHILD PROGRAM			$0							
646	#REF!	#REF!			$0							
647	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
648	33710	MATERNAL AND CHILD HEALTH			$0							
649	33560	HEALTHY MICHIGAN PLAN			$0							
650												
651												
652	Subtotal Basic				$0							
653												
654	33740	SCHOOL-BASED SERVICES			$0							
655	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
656	Subtotal Special				$0							
657												
658	**020X - MSA State Restricted (incl MBTF)**		**$0**	**$0**	**$0**							
659												
660	**0229 MICHILD ELIGIBLE INDIVIDUAL PREMIUM**											
661	33500	HOSPITAL SERVICES AND THERAPY			$0							
662	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
663	33520	PHYSICIANS SERVICES			$0							
664	33590	MEDICARE PREMIUM PAYMENTS			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
665	33540	PHARMACEUTICAL SERVICES			$0							
666	33530	HOME HEALTH SERVICES			$0							
667	33730	HOSPICE SERVICES			$0							
668	33570	TRANSPORTATION			$0							
669	33580	AUXILIARY MEDICAL SERVICES			$0							
670	33660	DENTAL SERVICES			$0							
671	33600	AMBULANCE SERVICES			$0							
672	33680	LONG-TERM CARE SERVICES			$0							
673	33690	INTEGRATED CARE ORGANIZATIONS			$0							
674	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
675	33780	ADULT HOME HELP SERVICES			$0							
676	33810	PERSONAL CARE SERVICES			$0							
677	#REF!	#REF!			$0							
678	33870	#REF!			$0							
679	33550	HEALTH PLAN SERVICES			$0							
680	33630	#REF!			$0							
681	33640	MICHILD PROGRAM			$0							
682	#REF!	#REF!			$0							
683	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
684	33710	MATERNAL AND CHILD HEALTH			$0							
685	33560	HEALTHY MICHIGAN PLAN			$0							
686												
687												
688	Subtotal Basic				$0							
689												
690	33740	SCHOOL-BASED SERVICES			$0							
691	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
692	Subtotal Special				$0							
693												
694	**0229 - MICHILD PREMIUMS**		**$0**	**$0**	**$0**							
695												
696	**0102 - Merit Award Trust Fund**											
697	33500	HOSPITAL SERVICES AND THERAPY			$0							
698	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
699	33520	PHYSICIANS SERVICES			$0							
700	33590	MEDICARE PREMIUM PAYMENTS			$0							
701	33540	PHARMACEUTICAL SERVICES			$0							
702	33530	HOME HEALTH SERVICES			$0							
703	33730	HOSPICE SERVICES			$0							
704	33570	TRANSPORTATION			$0							
705	33580	AUXILIARY MEDICAL SERVICES			$0							
706	33660	DENTAL SERVICES			$0							
707	33600	AMBULANCE SERVICES			$0							
708	33680	LONG-TERM CARE SERVICES			$0							
709	33690	INTEGRATED CARE ORGANIZATIONS			$0							
710	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
711	33780	ADULT HOME HELP SERVICES			$0							
712	33810	PERSONAL CARE SERVICES			$0							
713	#REF!	#REF!			$0							
714	33870	#REF!			$0							
715	33550	HEALTH PLAN SERVICES			$0							
716	33630	#REF!			$0							
717	33640	MICHILD PROGRAM			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
718	#REF!	#REF!			$0							
719	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
720	33710	MATERNAL AND CHILD HEALTH			$0							
721	33560	HEALTHY MICHIGAN PLAN			$0							
722												
723												
724	Subtotal Basic				$0							
725												
726	33740	SCHOOL-BASED SERVICES			$0							
727	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
728	Subtotal Special				$0							
729												
730	**0102 - MSA Merit Award**		**$0**	**$0**	**$0**							
731												
732	**0400 - Local**											
733	33500	HOSPITAL SERVICES AND THERAPY			$0							
734	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
735	33520	PHYSICIANS SERVICES			$0							
736	33590	MEDICARE PREMIUM PAYMENTS			$0							
737	33540	PHARMACEUTICAL SERVICES			$0							
738	33530	HOME HEALTH SERVICES			$0							
739	33730	HOSPICE SERVICES			$0							
740	33570	TRANSPORTATION			$0							
741	33580	AUXILIARY MEDICAL SERVICES			$0							
742	33660	DENTAL SERVICES			$0							
743	33600	AMBULANCE SERVICES			$0							
744	33680	LONG-TERM CARE SERVICES			$0							
745	33690	INTEGRATED CARE ORGANIZATIONS			$0							
746	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
747	33780	ADULT HOME HELP SERVICES			$0							
748	33810	PERSONAL CARE SERVICES			$0							
749	#REF!	#REF!			$0							
750	33870	#REF!			$0							
751	33550	HEALTH PLAN SERVICES			$0							
752	33630	#REF!			$0							
753	33640	MICHILD PROGRAM			$0							
754	#REF!	#REF!			$0							
755	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
756	33710	MATERNAL AND CHILD HEALTH			$0							
757	33560	HEALTHY MICHIGAN PLAN			$0							
758												
759												
760	Subtotal Basic				$0							
761												
762	33740	SCHOOL-BASED SERVICES			$0							
763	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
764	Subtotal Special				$0							
765												
766	**0400 - MSA Local**		**$0**	**$0**	**$0**							
767												
768	**0500 - Private**											
769	33500	HOSPITAL SERVICES AND THERAPY			$0							
770	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
771	33520	PHYSICIANS SERVICES			$0							
772	33590	MEDICARE PREMIUM PAYMENTS			$0							
773	33540	PHARMACEUTICAL SERVICES			$0							
774	33530	HOME HEALTH SERVICES			$0							
775	33730	HOSPICE SERVICES			$0							
776	33570	TRANSPORTATION			$0							
777	33580	AUXILIARY MEDICAL SERVICES			$0							
778	33660	DENTAL SERVICES			$0							
779	33600	AMBULANCE SERVICES			$0							
780	33680	LONG-TERM CARE SERVICES			$0							
781	33690	INTEGRATED CARE ORGANIZATIONS			$0							
782	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
783	33780	ADULT HOME HELP SERVICES			$0							
784	33810	PERSONAL CARE SERVICES			$0							
785	#REF!	#REF!			$0							
786	33870	#REF!			$0							
787	33550	HEALTH PLAN SERVICES			$0							
788	33630	#REF!			$0							
789	33640	MICHILD PROGRAM			$0							
790	#REF!	#REF!			$0							
791	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
792	33710	MATERNAL AND CHILD HEALTH			$0							
793	33560	HEALTHY MICHIGAN PLAN			$0							
794												
795												
796	Subtotal Basic				$0							
797												
798	33740	SCHOOL-BASED SERVICES			$0							
799	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
800	Subtotal Special				$0							
801												
802	**0500 - MSA Private**		**$0**	**$0**	**$0**							
803												
804	**0227 ROADS AND RISK RESERVE FUND**											
805	33500	HOSPITAL SERVICES AND THERAPY			$0							
806	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
807	33520	PHYSICIANS SERVICES			$0							
808	33590	MEDICARE PREMIUM PAYMENTS			$0							
809	33540	PHARMACEUTICAL SERVICES			$0							
810	33530	HOME HEALTH SERVICES			$0							
811	33730	HOSPICE SERVICES			$0							
812	33570	TRANSPORTATION			$0							
813	33580	AUXILIARY MEDICAL SERVICES			$0							
814	33660	DENTAL SERVICES			$0							
815	33600	AMBULANCE SERVICES			$0							
816	33680	LONG-TERM CARE SERVICES			$0							
817	33690	INTEGRATED CARE ORGANIZATIONS			$0							
818	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
819	33780	ADULT HOME HELP SERVICES			$0							
820	33810	PERSONAL CARE SERVICES			$0							
821	#REF!	#REF!			$0							
822	33870	#REF!			$0							
823	33550	HEALTH PLAN SERVICES			$0							

	A	B	C	D	E	F	G	H	I	J	K	L
824	33630	#REF!			$0							
825	33640	MICHILD PROGRAM			$0							
826	#REF!	#REF!			$0							
827	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
828	33710	MATERNAL AND CHILD HEALTH			$0							
829	33560	HEALTHY MICHIGAN PLAN			$0							
830												
831												
832	Subtotal Basic				$0							
833												
834	33740	SCHOOL-BASED SERVICES			$0							
835	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
836	Subtotal Special				$0							
837												
838	**0227 ROAD AND RISK RESERVE FUND**		**$0**	**$0**	**$0**							
839												
840	**0300 - Money Follows the Person**											
841	33500	HOSPITAL SERVICES AND THERAPY			$0							
842	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
843	33520	PHYSICIANS SERVICES			$0							
844	33590	MEDICARE PREMIUM PAYMENTS			$0							
845	33540	PHARMACEUTICAL SERVICES			$0							
846	33530	HOME HEALTH SERVICES			$0							
847	33730	HOSPICE SERVICES			$0							
848	33570	TRANSPORTATION			$0							
849	33580	AUXILIARY MEDICAL SERVICES			$0							
850	33660	DENTAL SERVICES			$0							
851	33600	AMBULANCE SERVICES			$0							
852	33680	LONG-TERM CARE SERVICES			$0							
853	33690	INTEGRATED CARE ORGANIZATIONS			$0							
854	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
855	33780	ADULT HOME HELP SERVICES			$0							
856	33810	PERSONAL CARE SERVICES			$0							
857	#REF!	#REF!			$0							
858	33870	#REF!			$0							
859	33550	HEALTH PLAN SERVICES			$0							
860	33630	#REF!			$0							
861	33640	MICHILD PROGRAM			$0							
862	#REF!	#REF!			$0							
863	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
864	33710	MATERNAL AND CHILD HEALTH			$0							
865	33560	HEALTHY MICHIGAN PLAN			$0							
866												
867												
868	Subtotal Basic				$0							
869												
870	33740	SCHOOL-BASED SERVICES			$0							
871	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
872	Subtotal Special				$0							
873												
874	**0300 - MSA Money Follows the Person**		**$0**	**$0**	**$0**							
875												
876	**Enhanced FMAP**											

	A	B	C	D	E	F	G	H	I	J	K	L
877	33500	HOSPITAL SERVICES AND THERAPY			$0							
878	33650	HOSPITAL DISPROPORTIONATE SHARE PAYMENTS			$0							
879	33520	PHYSICIANS SERVICES			$0							
880	33590	MEDICARE PREMIUM PAYMENTS			$0							
881	33540	PHARMACEUTICAL SERVICES			$0							
882	33530	HOME HEALTH SERVICES			$0							
883	33730	HOSPICE SERVICES			$0							
884	33570	TRANSPORTATION			$0							
885	33580	AUXILIARY MEDICAL SERVICES			$0							
886	33660	DENTAL SERVICES			$0							
887	33600	AMBULANCE SERVICES			$0							
888	33680	LONG-TERM CARE SERVICES			$0							
889	33690	INTEGRATED CARE ORGANIZATIONS			$0							
890	33610	MEDICAID HOME-AND COMMUNITY-BASED SERVICES WAIVER			$0							
891	33780	ADULT HOME HELP SERVICES			$0							
892	33810	PERSONAL CARE SERVICES			$0							
893	#REF!	#REF!			$0							
894	33870	#REF!			$0							
895	33550	HEALTH PLAN SERVICES			$0							
896	33630	#REF!			$0							
897	33640	MICHILD PROGRAM			$0							
898	#REF!	#REF!			$0							
899	33850	FEDERAL MEDICARE PHARMACEUTICAL PROGRAM			$0							
900	33710	MATERNAL AND CHILD HEALTH			$0							
901	33560	HEALTHY MICHIGAN PLAN			$0							
902												
903												
904	Subtotal Basic				$0							
905												
906	33740	SCHOOL-BASED SERVICES			$0							
907	33860	SPECIAL MEDICAID REIMBURSEMENT			$0							
908	Subtotal Special				$0							
909												
910	**Enhanced FMAP**		**$0**	**$0**	**$0**							

	A	B	C	D	E	F	G	H	I	J	K	L
59	13461	COMM SUB ABUSE PREV, EDUC, & TREAT PROGRAMS			$0							
60	14233	CHILDREN'S WAIVER HOME CARE PROGRAM			$0							
61	14234	NURSING HOME PAS/ARR - OBRA			$0							
62	14232	CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER			$0						$0	
63	02950	HEALTH HOMES			$0							
64	02980	HEALTHY MICHIGAN PLAN - BEHAVIORAL HEALTH			$0							
65	33870	AUTISM SERVICES			$0							
66	14245	UNIVERSITY AUTISM PROGRAMS			$0							
67		**UNIT TOTAL**	$0	$0	$0							
68												
69	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
70	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
71	0216	QAAP			$0							
72	0300	TOTAL FEDERAL REVENUES			$0							
73	0400	TOTAL LOCAL REVENUES			$0							
74												
75		**SECTION 112 - STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES**										
76	04500	CARO REGIONAL MENTAL HEALTH CENTER			$0							
77	04600	KALAMAZOO PSYCHIATRIC HOSPITAL			$0							
78	04100	WALTER P. REUTHER PSYCHIATRIC HOSPITAL			$0							
79	04200	HAWTHORN CENTER			$0							
80	04000	CENTER FOR FORENSIC PSYCHIATRY			$0							
81	01373	REVENUE RECAPTURE			$0							
82	01421	IDEA, FEDERAL SPECIAL EDUCATION			$0							
83	01707	SPECIAL MAINTENANCE AND EQUIPMENT			$0							
84	01753	PURCH OF MED SERV FOR RES OF HOS/CTRS			$0							
85	01820	GIFTS & BEQUESTS FOR PATIENT LIV & TREAT ENVIR			$0							
86		**UNIT TOTAL**	**$0**	**$0**	**$0**							
87												
88	0100	STATE GENERAL FUND/GENERAL PURPOSE			$0							
89	0200	TOTAL OTHER STATE RESTRICTED REVENUES			$0							
90	0300	TOTAL FEDERAL REVENUES			$0							
91	0400	TOTAL LOCAL REVENUES			$0							
92	0500	TOTAL PRIVATE REVENUES			$0							
93												
94		**SECTION 113 - PUBLIC HEALTH ADMINISTRATION**										
95	11230	PUBLIC HEALTH ADMINISTRATION			$0							
96	11200	HEALTHY MICHIGAN FUND PROGRAMS			$0							
97	11254	VITAL RECORDS & HEALTH STATISTICS			$0							
98		**UNIT TOTAL**	$0	$0	$0							
99												
100	0100	GENERAL FUND/GENERAL PURPOSE			$0							
101	0200	STATE RESTRICTED REVENUES			$0							
102	0300	FEDERAL REVENUES			$0							
103	0929	CAPPED FEDERAL REVENUES			$0							
104												
105		**SECTION 114 - HEALTH POLICY**										
106	11101	BONE MARROW TRANSPLANT REGISTRY	$0	$0	$0							
107	01194	CERTIFICATE OF NEED PROGRAM ADMINISTRATION	$0	$0	$0							
108	18358	EMERGENCY MEDICAL SERVICES PROGRAM	$0	$0	$0							
109	11250	HEALTH INNOVATION GRANTS	$0	$0	$0							
110	18430	HEALTH POLICY ADMINSTRATION	$0	$0	$0							
111	11260	HUMAN TRAFFICKING INTERVENTION SERVICES	$0	$0	$0							
112	11284	MICHIGAN ESSENTIAL HEALTH PROVIDER	$0	$0	$0							
113	11268	MINORITY HEALTH GRANTS AND CONTRACTS	$0	$0	$0							
114	18435	NURSE EDUCATION AND RESEARCH PROGRAM	$0	$0	$0							
115	11289	PRIMARY CARE SERVICES	$0	$0	$0							
116	11256	RURAL HEALTH SERVICES	$0	$0	$0							

	M	N	O	P	Q	R	S
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
101							
102							
103							
104							
105							
106							
107							
108							
109							
110							
111		0	0				0
112							
113							
114							
115							
116							

	A	B	C	D	E	F	G	H
1	2/2/2016							
2								
3	**DHHS - February FY 16 Supplemental for Flint water emergency**							
4		1	2	3	7	8	9	10
5		Mobile food bank and additional food resources	Evidence based home visiting programs to promote better parenting skills and identify developmental delays	Cognitive behavioral therapy for children exposed to lead (through community mental health)				
6	**Department of Health and Human Services**							
7	APPROPRIATIONS SUMMARY:							
8	**GROSS APPROPRIATION**	**$430.0**	**$260.0**	**$1,500.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**
9	Federal revenues:							
10	SSA, TANF	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
11	Total other federal revenues	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
12	Special revenue funds:							
13	Total other state restricted revenues	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
14	State general fund/general purpose	**$430.0**	**$260.0**	**$1,500.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**
15	double check	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
16								
17	Section 117. Local Health Administration and Grants							
18								
19	Flint declaration of emergency	$430.0	$260.0	$1,500.0	$0.0	$0.0	$0.0	$0.0
20								
21	**Gross Appropriation**	**$430.0**	**$260.0**	**$1,500.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**
22	Federal revenues:							
23	SSA, TANF	$0.0	$0.0	$0.0				
24	Total other federal revenues	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
25	Total other state restricted revenues	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
26	State general fund/general purpose	$430.0	$260.0	$1,500.0	$0.0	**$0.0**	**$0.0**	$0.0
27								
28								

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	I	J	K	L
1				
2				
3				
4	11	12		
5			**Total - February Flint supplemental (DHHS)**	
6				
7				
8	**$0.0**	**$0.0**	**$2,190.0**	
9				
10	$0.0	$0.0	$0.0	
11	$0.0	$0.0	$0.0	
12				
13	$0.0	$0.0	$0.0	
14	**$0.0**	**$0.0**	**$2,190.0**	
15	$0.0	$0.0	$0.0	
16				
17				
18				
19	$0.0	$0.0	$2,190.0	
20				
21	**$0.0**	**$0.0**	**$2,190.0**	gross
22				
23			**$0.0**	TANF
24	$0.0	$0.0	**$0.0**	federal
25	$0.0	$0.0	**$0.0**	SR
26	$0.0	$0.0	$2,190.0	GF
27				
28				

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	A	B	C	D	E	F
1	2/2/2016					
2						
3	**DHHS - February FY 16 Supplemental for Flint water emergency**					
4		1	2	3	4	5
5		Mobile food bank and additional food resources	Evidence based home visiting programs to promote better parenting skills and identify developmental delays	Cognitive behavioral therapy for children exposed to lead (through community mental health)	Emergency food assistance for Flint children	State Medicaid match for federal Medicaid funding in Flint
6	**Department of Health and Human Services**					
7	APPROPRIATIONS SUMMARY:					
8	**GROSS APPROPRIATION**	**$430.0**	**$260.0**	**$1,500.0**	**$3,500.0**	**$16,000.0**
9	Federal revenues:					
10	SSA, TANF	$0.0	$0.0	$0.0	$3,500.0	$0.0
11	Total other federal revenues	$0.0	$0.0	$0.0	$0.0	$12,250.0
12	Special revenue funds:					
13	Total other state restricted revenues	$0.0	$0.0	$0.0	$0.0	$0.0
14	**State general fund/general purpose**	**$430.0**	**$260.0**	**$1,500.0**	**$0.0**	**$3,750.0**
15	double check	$0.0	$0.0	$0.0	($3,500.0)	$0.0
16						
17	Section 117. Local Health Administration and Grants					
18						
19	Flint declaration of emergency	$430.0	$260.0	$1,500.0	$3,500.0	$16,000.0
20						
21	**Gross Appropriation**	**$430.0**	**$260.0**	**$1,500.0**	**$3,500.0**	**$16,000.0**
22	Federal revenues:					
23	SSA, TANF	$0.0	$0.0	$0.0	$3,500.0	$0.0
24	Total other federal revenues	$0.0	$0.0	$0.0	$0.0	$12,250.0
25	Total other state restricted revenues	$0.0	$0.0	$0.0	$0.0	$0.0
26	State general fund/general purpose	$430.0	$260.0	$1,500.0	$0.0	$3,750.0
27						
28	Federal for item #4 = TANF					
29	Federal for item #5 = Medicaid					

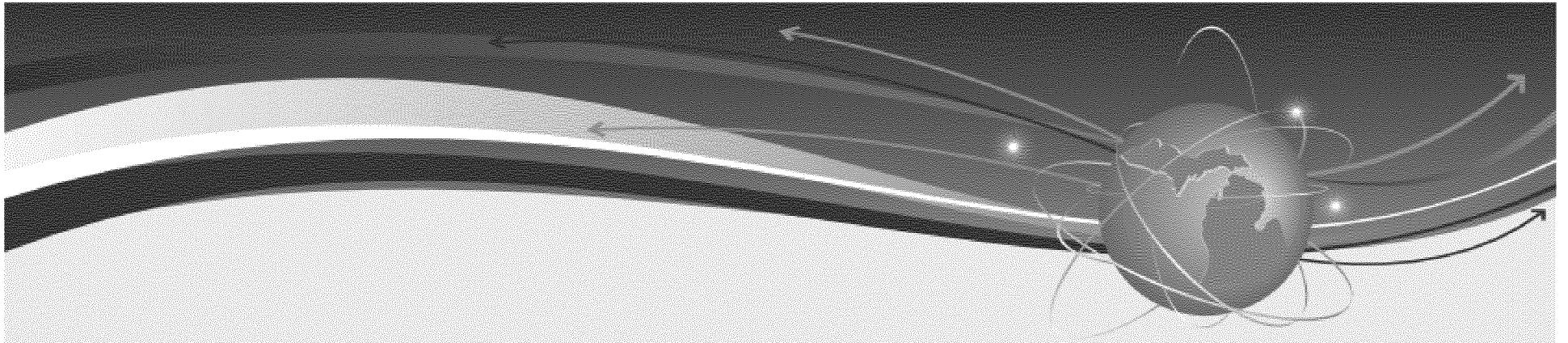
<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>

	G	H	I	J	K	L	M	N
1								
2								
3								
4	7	8	9	10	11	12		
5							**Total - February Flint supplemental (DHHS)**	
6								
7								
8	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$21,690.0**	
9								
10	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$3,500.0	
11	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$12,250.0	
12								
13	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	
14	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$5,940.0**	
15	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	($3,500.0)	
16								
17								
18								
19	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$21,690.0	
20								
21	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$21,690.0**	gross
22								
23							**$3,500.0**	TANF
24	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	**$12,250.0**	federal
25	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	**$0.0**	SR
26	$0.0	**$0.0**	**$0.0**	$0.0	$0.0	$0.0	**$5,940.0**	GF
27								
28								
29								

<<AUTODATE >>
<<AUTODATE >>
SBO

<< AUTO PATH >>



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Aging & Adult Services Agency

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

February/March X, 2016

Kari Sederburg, Executive Director, Aging & Adult Services Agency
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Aging & Adult Services Agency

Vision

For Michigan residents to live well as they age.

Mission

The Aging & Adult Services Agency provides statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.

Aging Network

- 16 area agencies on aging and 1,200+ service providing agencies

Services

- In-home, nutrition, older volunteers, respite and adult day, legal help, disease prevention, information & assistance, outreach, etc.

Goals

- Improve the health and nutrition of older adults
- Ensure older adults have choice through increased access to services
- Promote elder rights, quality of life and economic security
- Improve effectiveness, efficiency and quality of services

Flint Water Response

Trusted Access Point/Call Center: Valley Area Agency on Aging (VAAA) serving as access point for older adults who need assistance. Making referrals to other assistance, if necessary.

Service Data/Targeting Those Affected: AASA has provided the Michigan State Police with the addresses of more than 2,000 at-risk older adults

- VAAA staff and volunteers making phone calls and home visits.
- Meals on Wheels volunteers helping to install water filters, deliver supplies.
- Local Adult Service Workers reaching out to vulnerable adults in Home Help, Adult Protective Services

Nursing Homes: Michigan's Long-Term Care Ombudsman program, is providing help/support to local nursing homes and monitor them to ensure residents have safe drinking water.

Lead Testing of Older Adults: 218 Flint residents aged 65 years or older have been tested for lead since Oct. 1, 2015. Of the 218 seniors tested, 8 individuals tested had levels >= 5 µg/dL. None tested higher than 9 µg/dL.

State Emergency Operations Center: AASA is involved and participates on daily SEOC phone calls.

Service Highlights*

Health & Nutrition

- 10.3 million meals served to 109,958 older adults
- 8.2 million home-delivered; 2.1 million congregate
- Senior Project FRESH served 10,239 low-income older adults
  - 350 markets/road side stands representing 2,800 farmers participated
- 9,320 older adults participated in volunteer programs
- A total of 2,948 older adults participated in a chronic disease self-management workshop.

Choice & Access

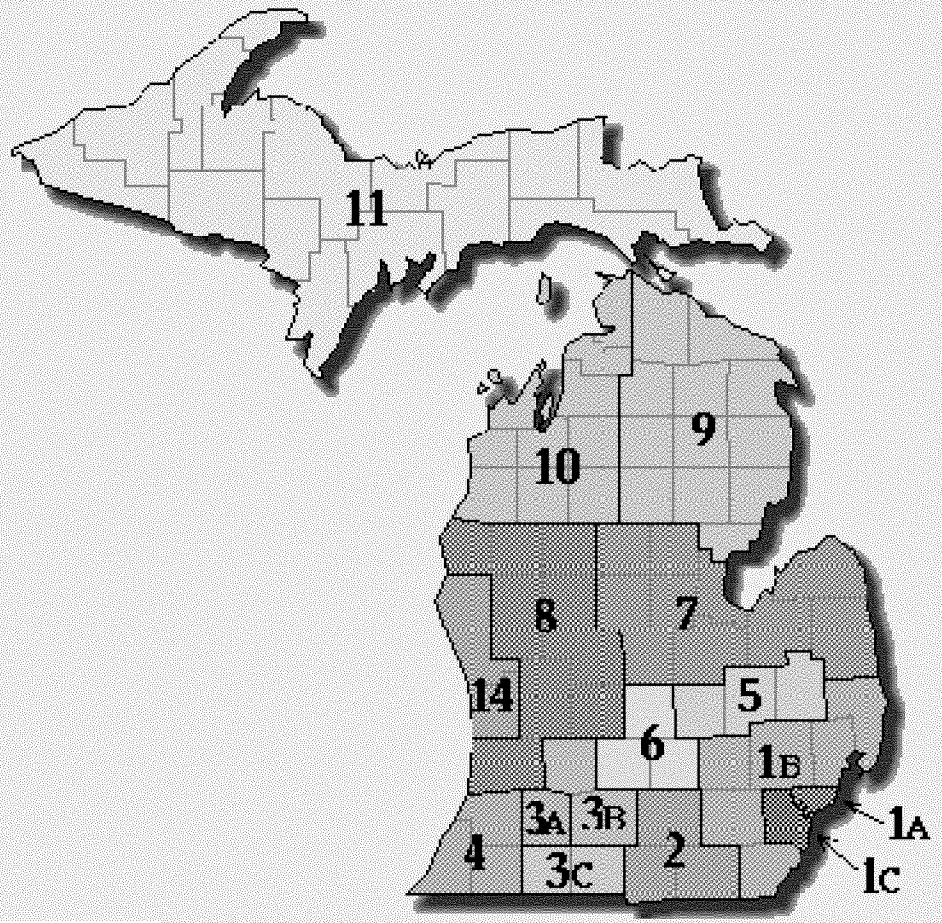
- 6,958 caregivers received 867,872 hours of service and 38,563 home-delivered meals (e.g. respite, counseling)
- 92,219 older adults received a wide variety of community-based services (e.g. elder abuse prevention, disease prevention)

Elder Rights & Quality of Life

- 39,181 hours of legal services were provided to 12,809 older adults
- 96,405 people received public benefits counseling through Michigan Medicare/Medicaid Assistance Program
- State Long-Term Care Ombudsman consulted with 3,180 individuals and 1,515 nursing home staff
- 447 low-income older adults participated in the Senior Community Service Employment Program

*Fiscal Year 2015

Area Agencies on Aging



1A: Detroit AAA
1B: AAA-1B
1C: The Senior Alliance
2: Region 2 AAA
3A: 3A AAA
3B: 3B AAA
3C: Branch-St. Joseph AAA
4: Region IV AAA
5: Valley AAA
6: Tri-County AAA
7: Region VII AAA
8: AAA of Western MI
9: Region IX AAA
10: AAA of Northwest MI
11: UPCAP
14: Senior Resources

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

6

Michigan's Aging Population

Increase in number of older adults

- **2 million** older adults aged 60+ in Michigan (19% of population)
- 85+ age group is the fastest growing; **102% projected increase** by 2030

Demographics*

- Majority of this age cohort is women (**55%**)
- More than **13%** identified as something other than European ancestry
- More than **20%** of this age cohort is employed
- Nearly **12%** of adults 60+ have dementia, and **45%** of adults age 85+ have dementia
- **1 in 5 caregivers** care for someone with symptoms of dementia

**2010 U.S. Census Data*

MDHHS Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

7

Michigan's 60+ Population

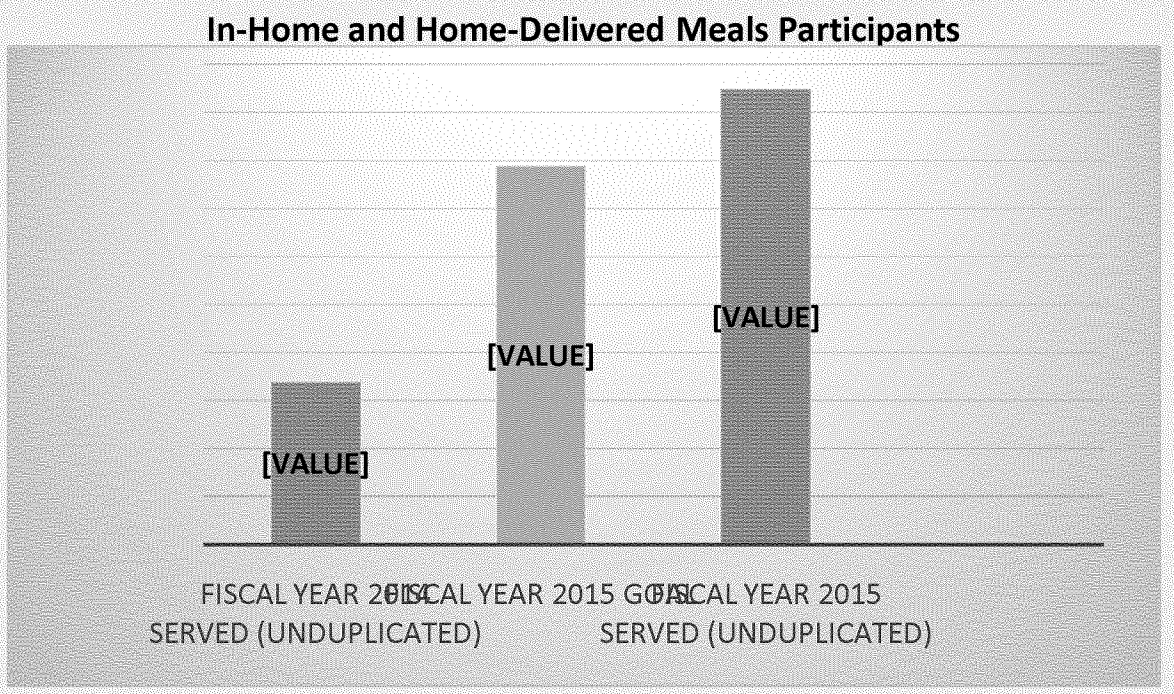


Copyright © and (P) 1988–2012 Microsoft Corporation and/or its suppliers. All rights reserved.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

No Wait State for Aging Services

- **Aging Network Exceeds FY 2015 Service Goal:** Michigan's aging network received a $5 million investment for fiscal year 2015 to serve 4,500 residents who were on the in-home and home-delivered meals waiting lists. The network served 6,096 residents in fiscal year 2015, exceeding its goal by 1,596.



Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

Profiles of Individuals Served

In-Home Services:
21,711 older adults were supported by 823,925 hours/units of care management, case coordination, chore, homemaker, home health aide, and personal care.

Home Delivered Meals:
52,825 home delivered meal participants received 8,295,084 meals.

Home-Delivered Meal Participant Characteristics	In-Home Services Participant Characteristics
64% were aged 75 years or older	67% were aged 75 years or older
64% were female	71% were female
50% lived alone	55% lived alone
39% resided in rural areas	56% resided in rural areas
38% were low-income	28% were low-income
29% were minority by race and/or ethnicity	15% were minority by race and/or ethnicity

Elder Abuse Prevention

Combating elder abuse, neglect and exploitation, some of the fastest growing crimes in Michigan, remains a priority for the Aging & Adult Services Agency (AASA).

AASA has supported organizations all across the state, through its Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative, to help develop strategies to prevent elder abuse at the local level:

- **Elder Abuse Prevention Training**
  - More than 30 trainers were recruited and they held 72 educational sessions, reaching more than 800 home and community-based services staff and volunteers.
- **Interdisciplinary Teams**
  - Local investigative teams were established and 11 cases of potential elder and vulnerable adult financial abuse/fraud were reviewed. Of those, five cases were submitted for criminal charges; assistance was provided to the remaining six cases.
- **Special Local Initiatives**
  - Example: Michigan Jewish Senior Life was funded to develop a center for elder abuse prevention at its agency.

Aging & Adult Services - FY 17 Budget

$$$

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 13]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Aging & Adult Services Agency

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

February/March X, 2016

Kari Sederburg, Executive Director, Aging & Adult Services Agency
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Aging & Adult Services Agency

Vision

For Michigan residents to live well as they age.

Mission

The Aging & Adult Services Agency provides statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.

Aging Network

- 16 area agencies on aging and 1,200+ service providing agencies

Services

- In-home, nutrition, older volunteers, respite and adult day, legal help, disease prevention, information & assistance, outreach, etc.

Goals

- Improve the health and nutrition of older adults
- Ensure older adults have choice through increased access to services
- Promote elder rights, quality of life and economic security
- Improve effectiveness, efficiency and quality of services

Flint Water Response

Trusted Access Point/Call Center: Valley Area Agency on Aging (VAAA) serving as access point for older adults who need assistance. Making referrals to other assistance, if necessary.

Service Data/Targeting Those Affected: AASA has provided the Michigan State Police with the addresses of more than 2,000 at-risk older adults

- VAAA staff and volunteers making phone calls and home visits.
- Meals on Wheels volunteers helping to install water filters, deliver supplies.
- Local Adult Service Workers reaching out to vulnerable adults in Home Help, Adult Protective Services

Nursing Homes: Michigan's Long-Term Care Ombudsman program, is providing help/support to local nursing homes and monitor them to ensure residents have safe drinking water.

Lead Testing of Older Adults: 218 Flint residents aged 65 years or older have been tested for lead since Oct. 1, 2015. Of the 218 seniors tested, 8 individuals tested had levels >= 5 µg/dL. None tested higher than 9 µg/dL.

State Emergency Operations Center: AASA is involved and participates on daily SEOC phone calls.

Service Highlights*

Health & Nutrition

- 10.3 million meals served to 109,958 older adults
- 8.2 million home-delivered; 2.1 million congregate
- Senior Project FRESH served 10,239 low-income older adults
  - 350 markets/road side stands representing 2,800 farmers participated
- 9,320 older adults participated in volunteer programs
- A total of 2,948 older adults participated in a chronic disease self-management workshop.

Choice & Access

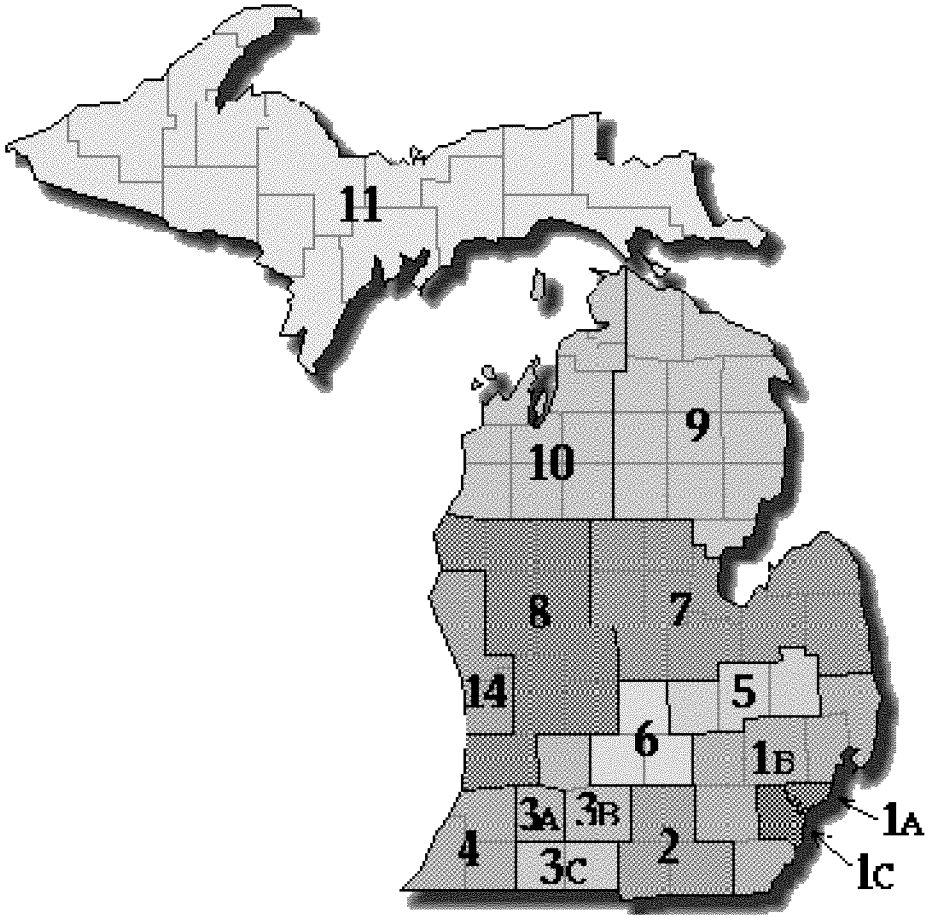
- 6,958 caregivers received 867,872 hours of service and 38,563 home-delivered meals (e.g. respite, counseling)
- 92,219 older adults received a wide variety of community-based services (e.g. elder abuse prevention, disease prevention)

Elder Rights & Quality of Life

- 39,181 hours of legal services were provided to 12,809 older adults
- 96,405 people received public benefits counseling through Michigan Medicare/Medicaid Assistance Program
- State Long-Term Care Ombudsman consulted with 3,180 individuals and 1,515 nursing home staff
- 447 low-income older adults participated in the Senior Community Service Employment Program

**Fiscal Year 2015*

Area Agencies on Aging



1A: Detroit AAA
1B: AAA-1B
1C: The Senior Alliance
2: Region 2 AAA
3A: 3A AAA
3B: 3B AAA
3C: Branch-St. Joseph AAA
4: Region IV AAA
5: Valley AAA
6: Tri-County AAA
7: Region VII AAA
8: AAA of Western MI
9: Region IX AAA
10: AAA of Northwest MI
11: UPCAP
14: Senior Resources

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Michigan's Aging Population

Increase in number of older adults

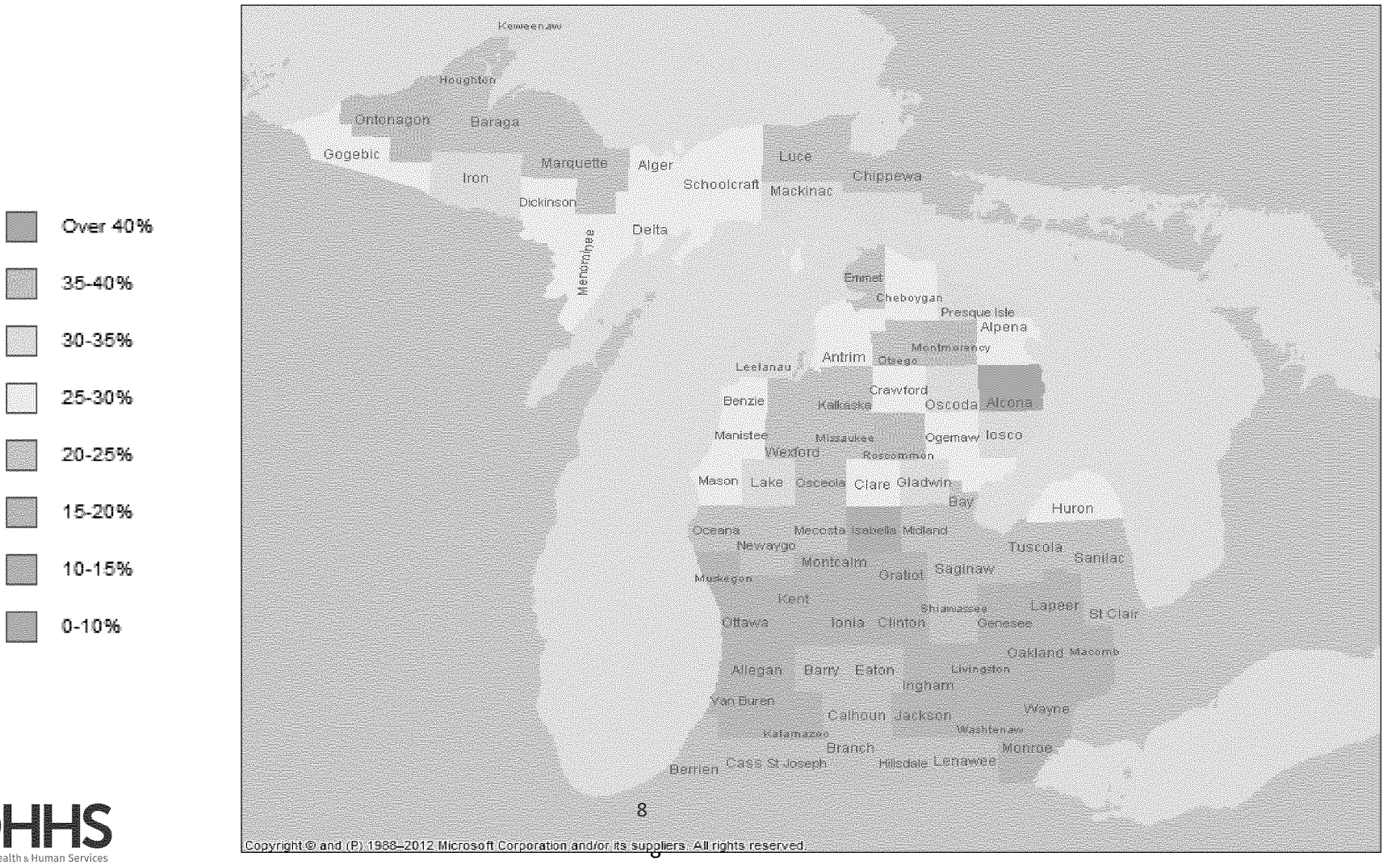
- **2 million** older adults aged 60+ in Michigan (19% of population)
- 85+ age group is the fastest growing; **102% projected increase** by 2030

Demographics*

- Majority of this age cohort is women (**55%**)
- More than **13%** identified as something other than European ancestry
- More than **20%** of this age cohort is employed
- Nearly **12%** of adults 60+ have dementia, and **45%** of adults age 85+ have dementia
- **1 in 5 caregivers** care for someone with symptoms of dementia

**2010 U.S. Census Data*

Michigan's 60+ Population

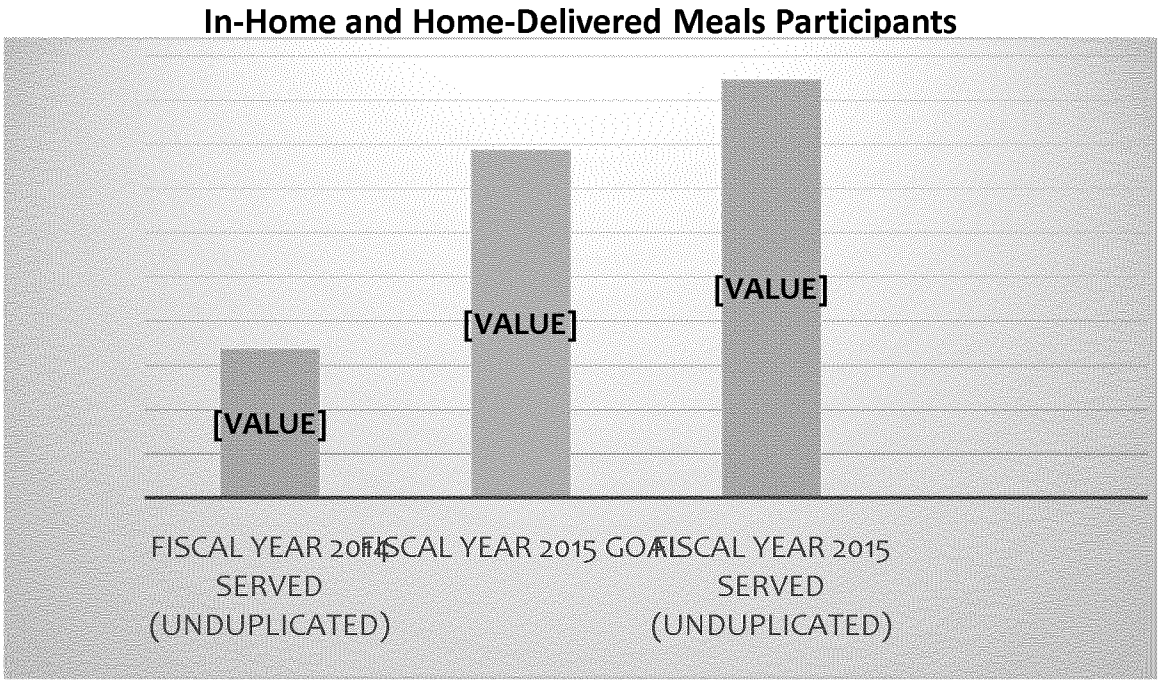


Copyright © and (P) 1988–2012 Microsoft Corporation and/or its suppliers. All rights reserved.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

No Wait State for Aging Services

- **Aging Network Exceeds FY 2015 Service Goal:** Michigan's aging network received a $5 million investment for fiscal year 2015 to serve 4,500 residents who were on the in-home and home-delivered meals waiting lists. The network served 6,096 residents in fiscal year 2015, exceeding its goal by 1,596.



Profiles of Individuals Served

In-Home Services:
21,711 older adults were supported by 823,925 hours/units of care management, case coordination, chore, homemaker, home health aide, and personal care.

Home Delivered Meals:
52,825 home delivered meal participants received 8,295,084 meals.

Home-Delivered Meal Participant Characteristics	In-Home Services Participant Characteristics
64% were aged 75 years or older	67% were aged 75 years or older
64% were female	71% were female
50% lived alone	55% lived alone
39% resided in rural areas	56% resided in rural areas
38% were low-income	28% were low-income
29% were minority by race and/or ethnicity	15% were minority by race and/or ethnicity

Elder Abuse Prevention

Combating elder abuse, neglect and exploitation, some of the fastest growing crimes in Michigan, remains a priority for the Aging & Adult Services Agency (AASA).

AASA has supported organizations all across the state, through its Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative, to help develop strategies to prevent elder abuse at the local level:

- **Elder Abuse Prevention Training**
  - More than 30 trainers were recruited and they held 72 educational sessions, reaching more than 800 home and community-based services staff and volunteers.
- **Interdisciplinary Teams**
  - Local investigative teams were established and 11 cases of potential elder and vulnerable adult financial abuse/fraud were reviewed. Of those, five cases were submitted for criminal charges; assistance was provided to the remaining six cases.
- **Special Local Initiatives**
  - Example: Michigan Jewish Senior Life was funded to develop a center for elder abuse prevention at its agency.

Aging & Adult Services - FY 17 Budget

$$$

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 13]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Aging & Adult Services Agency

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

February/March X, 2016

Kari Sederburg, Executive Director, Aging & Adult Services Agency
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Aging & Adult Services Agency

Vision

For Michigan residents to live well as they age.

Mission

The Aging & Adult Services Agency provides statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.

Aging Network

- 16 area agencies on aging
- 1,200+ service providing agencies

Services

- In-home, nutrition, older volunteers, respite and adult day, legal help, disease prevention, information & assistance, outreach, etc.

Goals

- Improve the health and nutrition of older adults
- Ensure older adults have choice through increased access to services
- Promote elder rights, quality of life and economic security
- Improve effectiveness, efficiency and quality of services

Flint Water Response

- **Trusted Access Point/Call Center:** Valley Area Agency on Aging (VAAA) serving as access point for older adults who need assistance. Making referrals to other assistance, if necessary.

- **Service Data/Targeting Those Affected:** AASA has provided the Michigan State Police with the addresses of more than 2,000 at-risk older adults
  - VAAA staff and volunteers making phone calls and home visits.
  - Meals on Wheels volunteers helping to install water filters, deliver supplies.
  - Local Adult Service Workers reaching out to vulnerable adults in Home Help, Adult Protective Services

- **Nursing Homes:** Michigan's Long-Term Care Ombudsman program, is providing help/support to local nursing homes and monitor them to ensure residents have safe drinking water.

- **Lead Testing of Older Adults:** 218 Flint residents aged 65 years or older have been tested for lead since Oct. 1, 2015. Of the 218 seniors tested, 8 individuals tested had levels >= 5 µg/dL. None tested higher than 9 µg/dL.

- **State Emergency Operations Center:** AASA is involved and participates on daily SEOC phone calls.

Service Highlights*

Health & Nutrition

10.3 million meals served to 109,958 older adults

8.2 million home-delivered; 2.1 million congregate

Senior Project FRESH served 10,239 low-income older adults

- 350 markets/road side stands representing 2,800 farmers participated

9,320 older adults participated in volunteer programs

A total of 2,948 older adults participated in a chronic disease self-management workshop.

Choice & Access

6,958 caregivers received 867,872 hours of service and 38,563 home-delivered meals (e.g. respite, counseling)

92,219 older adults received a wide variety of community-based services (e.g. elder abuse prevention, disease prevention)

Elder Rights & Quality of Life

39,181 hours of legal services were provided to 12,809 older adults

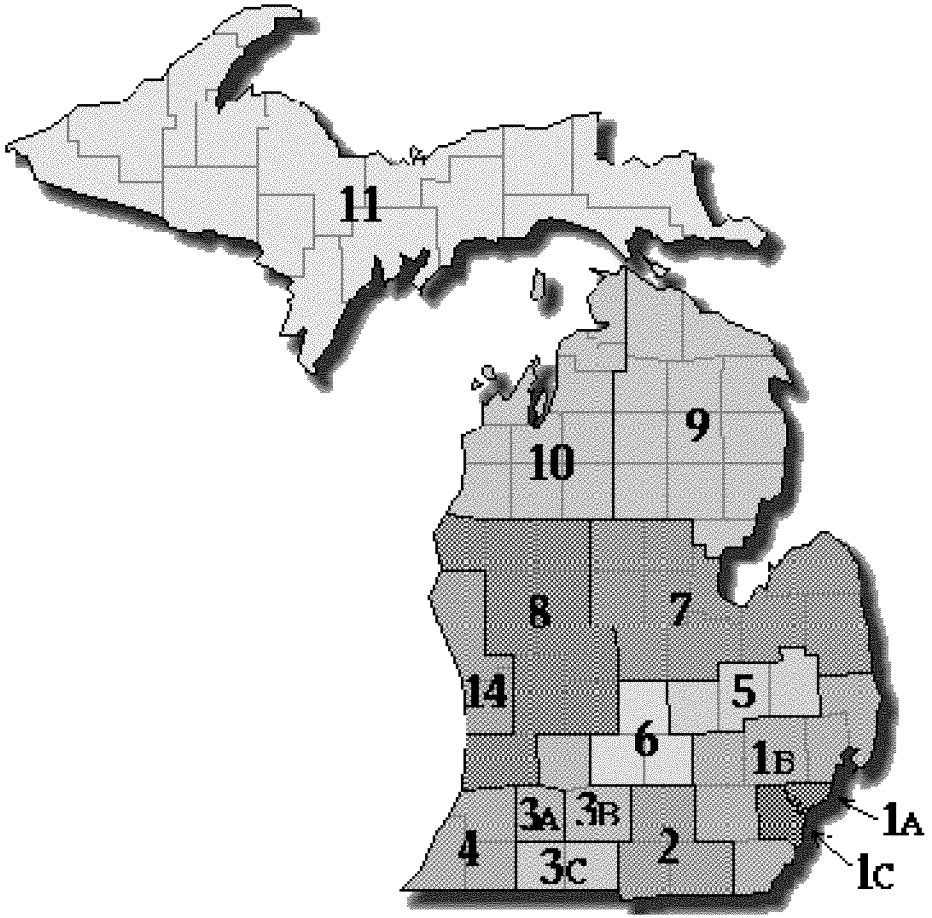
96,405 people received public benefits counseling through Michigan Medicare/Medicaid Assistance Program

State Long-Term Care Ombudsman consulted with 3,180 individuals and 1,515 nursing home staff

447 low-income older adults participated in the Senior Community Service Employment Program

*Fiscal Year 2015

Area Agencies on Aging



1A: Detroit AAA
1B: AAA-1B
1C: The Senior Alliance
2: Region 2 AAA
3A: 3A AAA
3B: 3B AAA
3C: Branch-St. Joseph AAA
4: Region IV AAA
5: Valley AAA
6: Tri-County AAA
7: Region VII AAA
8: AAA of Western MI
9: Region IX AAA
10: AAA of Northwest MI
11: UPCAP
14: Senior Resources

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Michigan's Aging Population

Increase in number of older adults

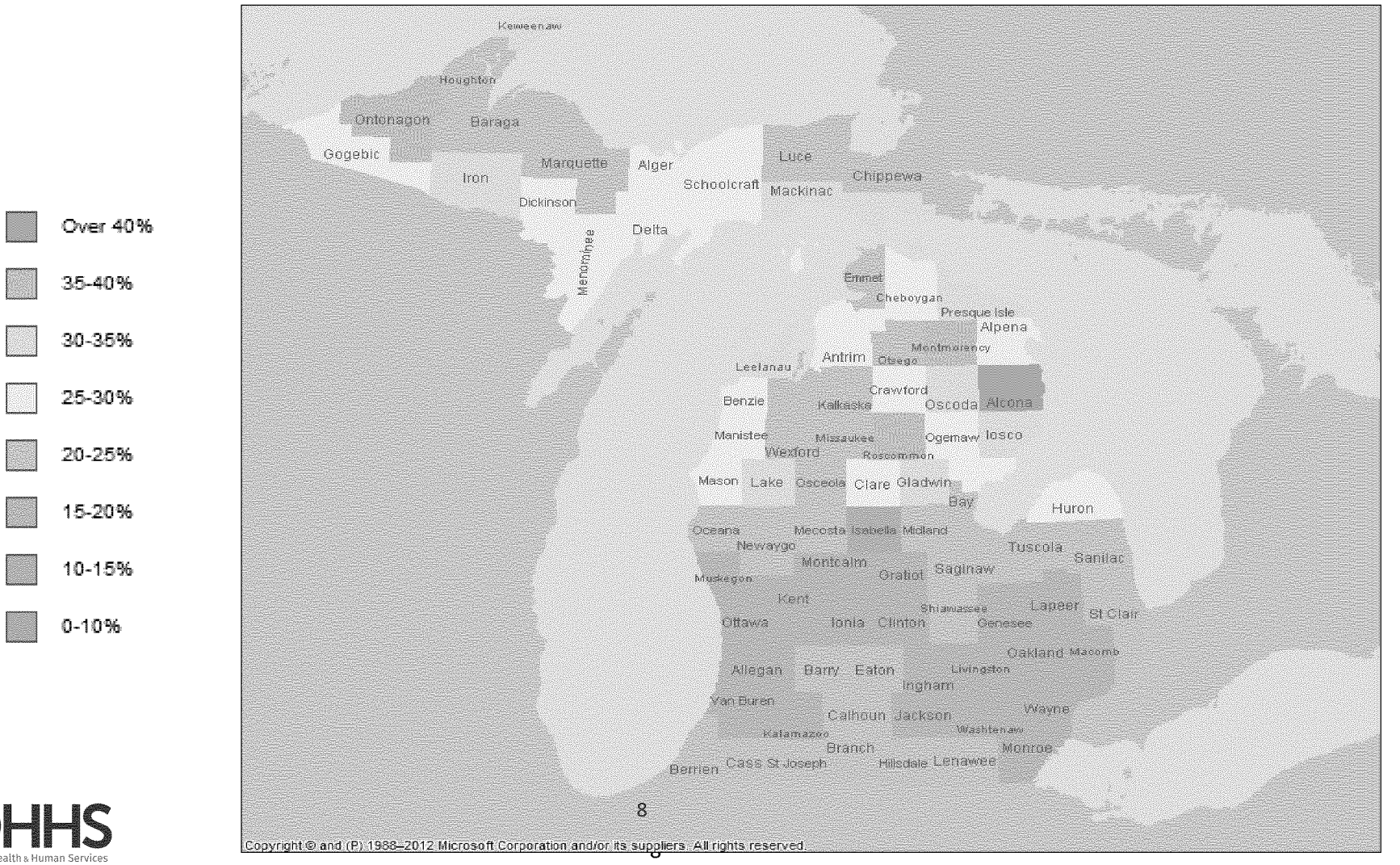
- **2 million** older adults aged 60+ in Michigan (19% of population)
- 85+ age group is the fastest growing; **102% projected increase** by 2030

Demographics*

- Majority of this age cohort is women (**55%**)
- More than **13%** identified as something other than European ancestry
- More than **20%** of this age cohort is employed
- Nearly **12%** of adults 60+ have dementia, and **45%** of adults age 85+ have dementia
- **1 in 5 caregivers** care for someone with symptoms of dementia

*2010 U.S. Census Data

Michigan's 60+ Population



Copyright © and (P) 1988–2012 Microsoft Corporation and/or its suppliers. All rights reserved.

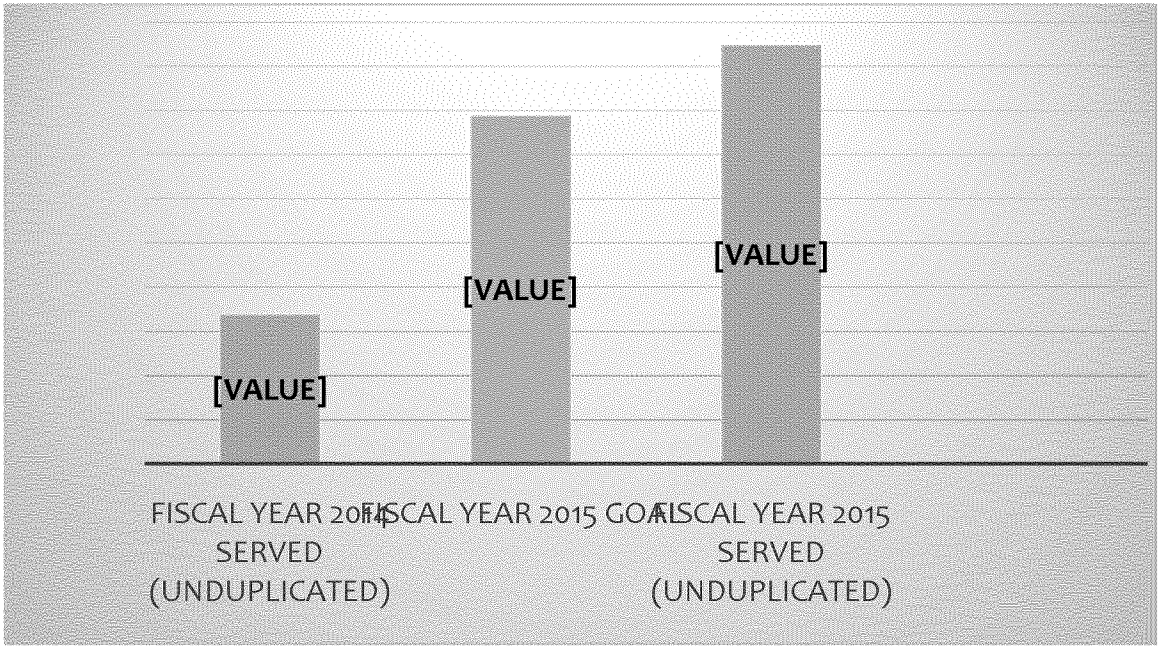
MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

No Wait State for Aging Services

- **Aging Network Exceeds FY 2015 Service Goal:** Michigan's aging network received a $5 million investment for fiscal year 2015 to serve 4,500 residents who were on the in-home and home-delivered meals waiting lists. The network served 6,096 residents in fiscal year 2015, exceeding its goal by 1,596.

- **Need Still Remains:** 7,043 residents are currently on the in-home and home-delivered meals waiting lists as of December 2015.

In-Home and Home-Delivered Meals Participants



Profiles of Individuals Served

In-Home Services:
21,586 older adults were supported by 822,362 hours/units of care management, case coordination, chore, homemaker, home health aide, and personal care.

Home Delivered Meals:
52,830 home delivered meal participants received 8,224,810 meals.

Home-Delivered Meal Participant Characteristics	In-Home Services Participant Characteristics
64% were aged 75 years or older	67% were aged 75 years or older
64% were female	71% were female
50% lived alone	55% lived alone
39% resided in rural areas	56% resided in rural areas
38% were low-income	28% were low-income
29% were minority by race and/or ethnicity	15% were minority by race and/or ethnicity

Elder Abuse Prevention

The Aging & Adult Services Agency awarded nearly $1 million to 11 organizations in fiscal year 2015 in an effort to combat one of the fastest growing crimes in Michigan, elder abuse.

Organizations that received funding focused on the following:

1) *Determine the cost/feasibility of developing an integrated elder abuse reporting system.*
2) *Expand Michigan's Adult Abuse and Neglect Prevention training and awareness program to reduce abuse in long-term care and home care settings.*
3) *Develop and implement an ongoing state level presence/oversight stakeholder body for elder abuse efforts following a proven format used in domestic violence.*
4) *Increase elder abuse identification and reporting by medical professionals through the deployment of interactive elder abuse web-based screening and/or applications for tablets and smartphones.*
5) *Develop community-based interdisciplinary teams to address elder abuse prevention locally.*

Governor Snyder's FY17 Recommendation

(LEAVE PAGE BLANK)

MDHHS 2017 Budget Recommendations
(in millions)

(Table to be inserted here by DHHS Budget)

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 14]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Department Overview

Fiscal Year 2017 Budget Presentation

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

Nick Lyon, Director
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Michigan Department of Health and Human Services
2016 Strategic Priorities

Children

Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.

Adults

Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.

Family Support

Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.

Michigan Department of Health and Human Services
2016 Strategic Priorities, continued

Health Services

Transform the healthcare system and behavioral health coordination to improve outcomes for residents.

Population Health

Promote and protect the health, wellness, and safety of all Michigan residents.

Workforce

Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

MDHHS has already begun to implement many programs and services that will help the city of Flint recover from this crisis, including:

- Lead testing and follow-up
- Nutrition education and outreach and food distribution
- School-based initiatives
- Data and metrics

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

- Improved access to Medicaid coverage to those under 21 years of age and expansion of Child and Adolescent Health Centers
- Distribution of water resources
- Expansion of our Pathways to Potential programs to provide the best services available to Flint residents
- Behavioral health needs assessment and services

MDHHS Senate Budget Presentation Schedule

Administration	Presenter	
MDHHS Overview	Nick Lyon, MDHHS Director	February 16
Business Integration Center	Karen Parker Senior Deputy Director	February 16
Children's Services Agency	Steve Yager Executive Director	February 23
Population Health and Community Services	Sue Moran Senior Deputy Director	February 25
Medical Services Administration	Chris Priest Senior Deputy Director	March 1
Aging and Adult Services Agency	Kari Sederburg Executive Director	March 3
Policy, Planning & Legislative Affairs Administration	Elizabeth Hertel Senior Deputy Director	March 3
Field Operations Administration	Terry Beurer Senior Deputy Director	March 8
Behavioral Health and Developmental Disabilities Administration	Lynda Zeller Senior Deputy Director	March 10

MDHHS House Budget Presentation Schedule

Administration	Presenter	
MDHHS Overview	Nick Lyon, MDHHS Director	February 18
Business Integration Center	Karen Parker Senior Deputy Director	February 18
Behavioral Health and Developmental Disabilities	Lynda Zeller Senior Deputy Director	February 23
Children's Services Agency	Steve Yager Executive Director	February 23
Population Health and Community Services	Sue Moran Senior Deputy Director	February 25
Medical Services Administration	Chris Priest Senior Deputy Director	March 1
Field Operations Administration	Terry Beurer Senior Deputy Director	March 1
Aging and Adult Services Agency	Kari Sederburg Executive Director	March 3
Policy, Planning & Legislative Affairs Administration	Elizabeth Hertel Senior Deputy Director	March 3

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS Services Statistics

Wow slide

Our Vision: Transform the Health and Human services system to improve the lives of Michigan families

Core Principles

People Not Programs

Root Causes Not Symptoms

Maximize Results

Engage the Community

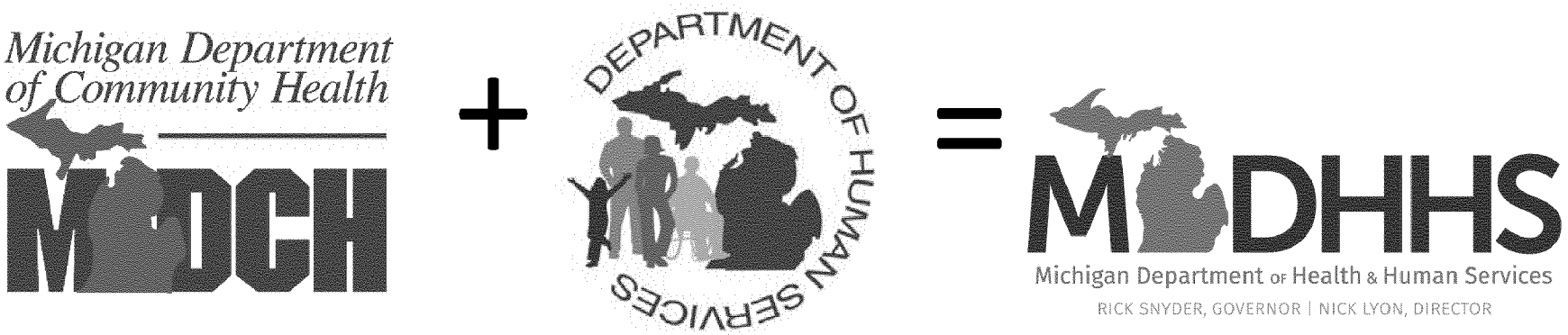
Measure Outcomes

" We can reorganize the way government does business from a people point of view – to focus on the person and solve their problems. If someone falls by the wayside – whether it's from lack of education, an illness, or a difficult life event – we need to get them back into the River of Opportunity as fast as possible so they're successful. This won't be about creating new programs. It will be about effective, accountable government that collaborates to provide good service to our customers. "

Michigan Governor Rick Snyder

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

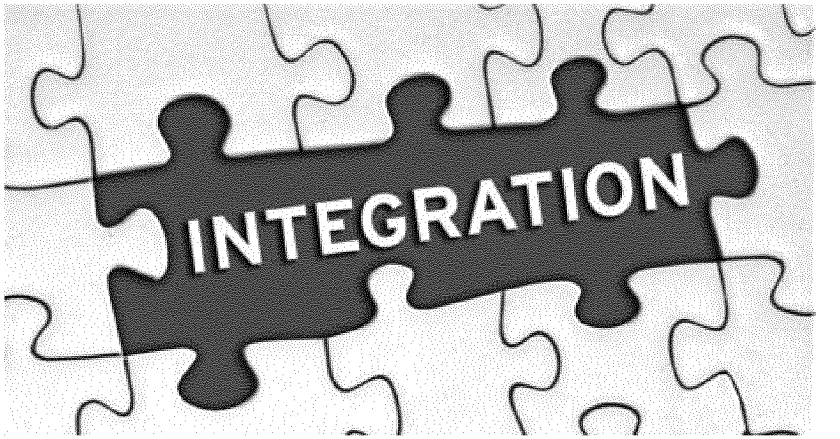
The Merger: A Starting Point for Transformation



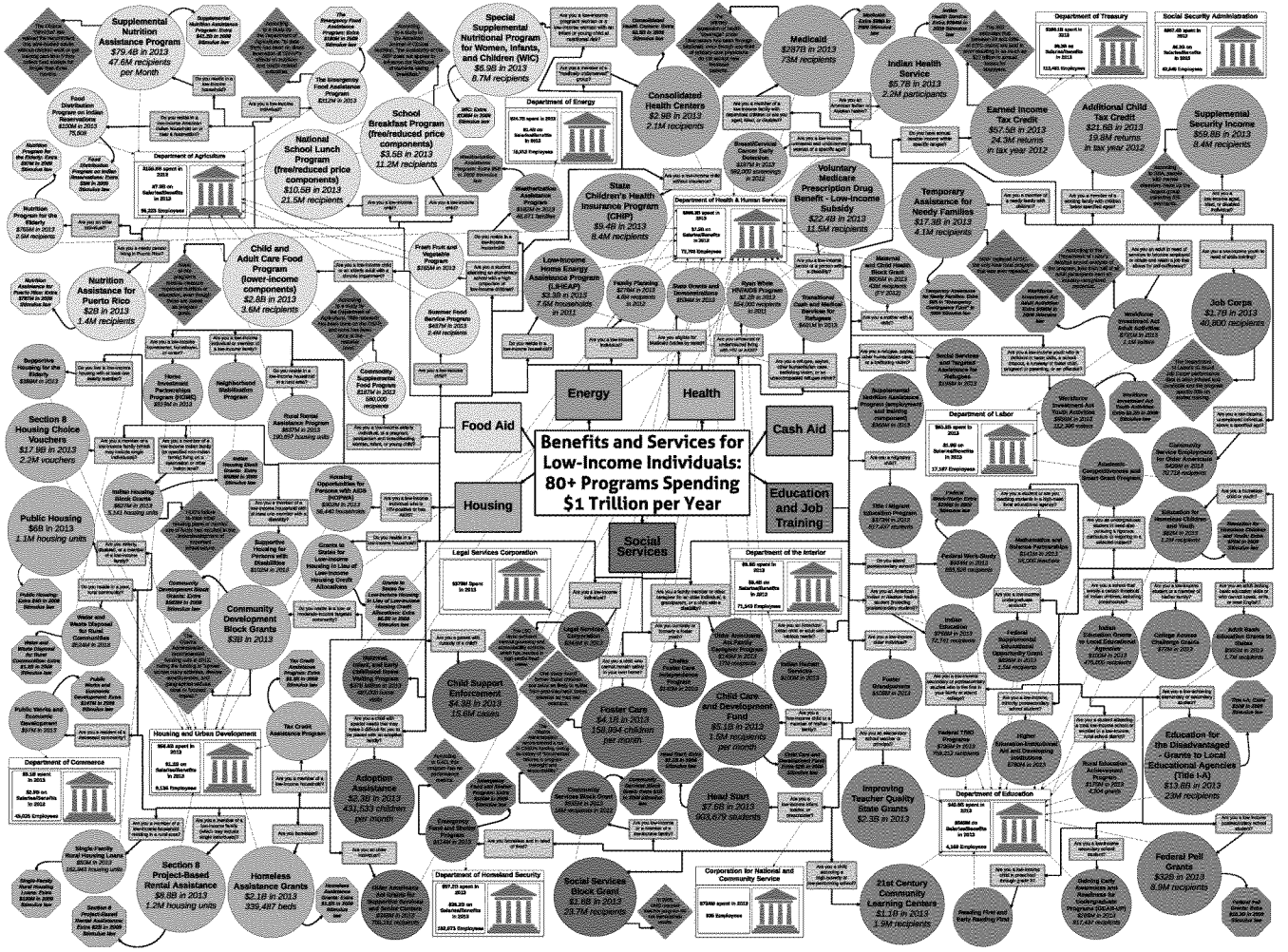
- Separately, the Departments managed hundreds of unique programs that customers interacted with in a multitude of ways
- Through the merger, we're looking at every program we offer to see how we can achieve more person-centric flexibility
- The combined MDHHS is charged with reforming how we interface with our customers through technology and making the service delivery system more focused on the customer's needs

Our Challenge: Integrating Programs

"We've tried to solve problems by creating new programs and adding layers of government. Each program focuses on a specific piece of someone's life without looking at the whole person and understanding what's holding them back from success. Government keeps getting bigger, the root of someone's problem isn't solved, and people are maintained in a status quo."



Where We Stand: Today's Complex System



Source: House Ways and Means Committee staff, using Congressional Research Service reports and other data.

Integrated Service Delivery: Proactivity in Practice

Integrated Service Delivery

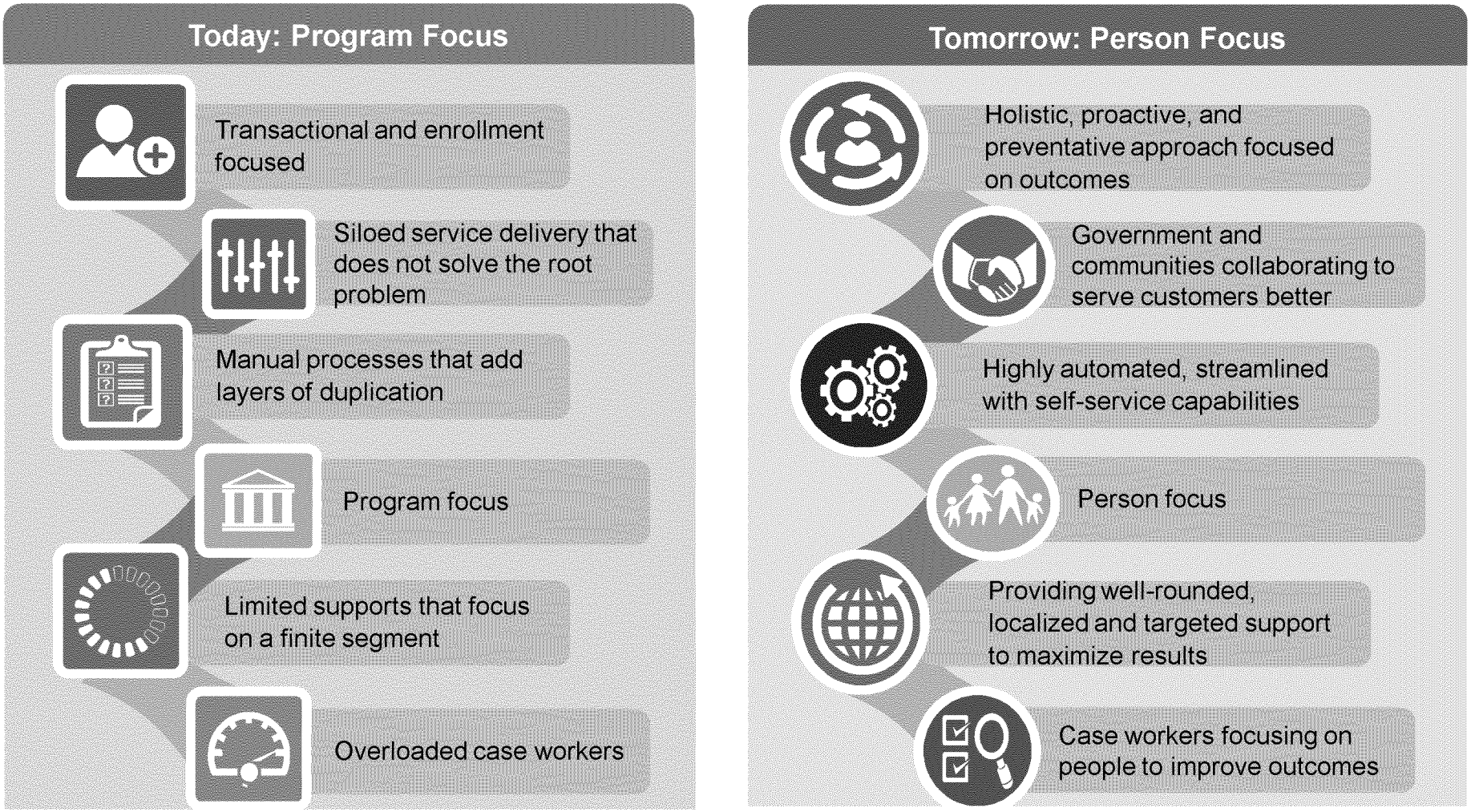
- The integrated model brings many diverse supports and services together in a singular customer experience, including those provided by MDHHS and other organizations
- It works to not only resolve immediate needs, but assess and understand factors contributing to a family's overall stability
- It supports customers in creating a plan to resolve barriers and move toward sustainability

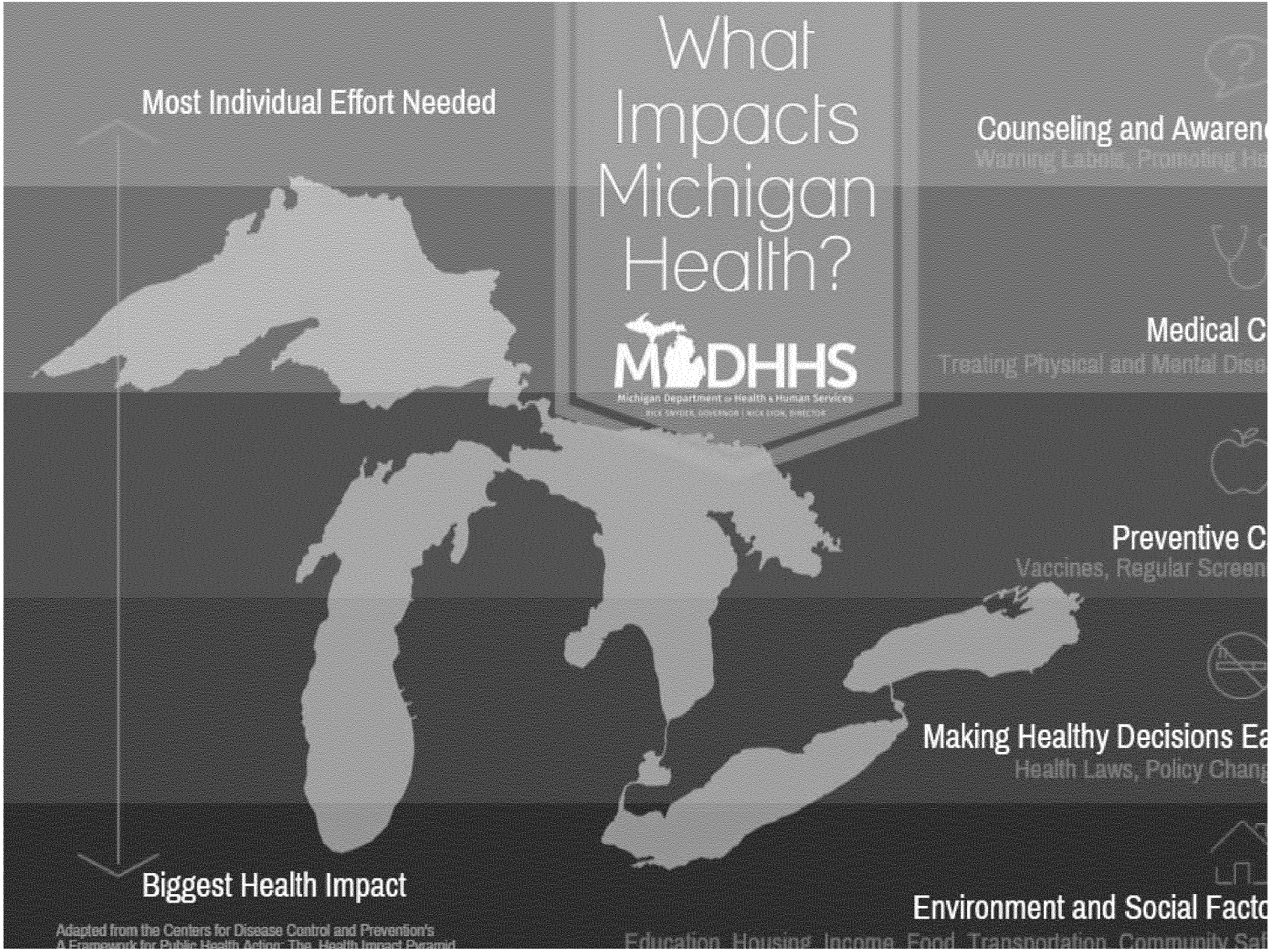
The Current System

- Today's system delivers services in a fragmented way, often after families are already facing crisis situations
- These reactive interventions are expensive and frequently don't address the underlying factors which contribute to a crisis situation



Our Vision: Integrated Service Delivery




What Impacts Michigan Health?
MDHHS
Michigan Department of Health & Human Services
Most Individual Effort Needed
Biggest Health Impact
Counseling and Awaren
Medical C
Preventive C
Making Healthy Decisions Ea
Environment and Social Facto
Education, Housing, Income, Food, Transportation, Community Saf
Adapted from the Centers for Disease Control and Prevention's

Transformation: Integrated Service Delivery

- MDHHS's current integrated service delivery transformation will focus on five critical innovations:

Strategic Alignment

A single, comprehensive strategic structure to align, integrate and ensure the effectiveness and transparency of the programs, services and benefits MDHHS provides.

Holistic Assessment

A common assessment to holistically identify a person's needs, goals and the programs which may be supportive in achieving their goals.

Common Connector and Plan

A common application, referral and success planning process across programs to serve as a single entry and connection point to all supportive opportunities.

Robust Self-Service

Robust client self-service opportunities including online services and a call center where customers can get support with a variety of programs.

Streamlined Renewal

A streamlined renewal and information update process which exchanges information and determinations across programs to minimize administrative burden.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Transformation: Infrastructure Supporting Integration

- MDHHS's integrated service delivery transformation will foster five key infrastructure advancements:

Partner Integration

A platform for State employees, healthcare providers and community organizations to work cooperatively as partners in supporting and coordinating services for customers.

Statewide Resource Index

A comprehensive, statewide index of health, human services, education and workforce resources and service providers to address the root causes of a person's challenges.

Universal Case Management

Effective distribution of work amongst MDHHS offices and employees through implementation of a universal caseload system to improve timeliness and allow for greater flexibility.

Process Improvement

A portfolio of focused improvement projects across the Department's programs and services to engage employees and partners in reinventing MDHHS.

Consent Management

Architecture to document active customer relationships, gain customer consent for information sharing and share pertinent, timely information.

Status of FY 2016 Initiatives
Healthy Michigan Plan

- Approximately 600,000 individuals enrolled.
- Second waiver approved by the Centers for Medicare and Medicaid Services on 12/17/15, allowing coverage to be maintained for HMP-enrolled beneficiaries.
- Beginning January 1, 2017, the federal government contribution drops from 100% to 95%, requiring a 5% state match.

Status of FY 2016 Initiatives

Strengthening and Improving Michigan's Child Welfare System

Update on Federal Consent Decree

- Under a new court-approved plan approved February 2, 2016, DHHS will be able to sharpen its focus on protecting vulnerable children.
- The Implementation, Sustainability, and Exit Plan (ISEP) replaces the Modified Settlement Agreement (MSA), reducing 238 previously monitored requirements to 70.
- Allows DHHS to devote resources to improving safety and well-being outcomes for children and less on monitoring issues that have already been addressed.
- New plan sets the Children's Services Agency on a path toward exiting federal court oversight of Michigan's child welfare system.

Status of FY 2016 Initiatives

Benefits of the Merger

Examples of Collaboration Across Health and Human Services

- **Children's Behavioral Action Team (Collaboration Between Behavioral Health and Children's Services)**
  - Development of collaborative transition plans to support 50 children/youth with serious emotional disturbance, from Hawthorn Center to return home to their families
  - As of 12/31/15, 24 have received services. Of the 24, 18 have been discharged and 75% have remained completely out of psychiatric inpatient care.

- **Flint Response (Collaboration Between Medicaid, Behavioral Health, Aging and Adult Services, Children's Services, Field Operations, and Population Health)**
  - Distribution of water resources
  - Coordination of services

Governor Snyder's FY17 Recommendation

MDHHS 2017 Budget Recommendation
Funding by Category
($ in millions)

2017 Executive Recommendation				
		Gross		General Fund
Medicaid	$	14,576.7	$	1,869.4
Behavioral Health/Substance Abuse Services	$	2,955.5	$	972.3
Public Assistance	$	2,824.1	$	106.4
Field Operations, Information Technology and Other Administ	$	1,232.9	$	409.5
Children's Services	$	1,154.8	$	443.9
Other Services	$	1,151.5	$	435.1
Public Health	$	651.5	$	73.9
One-Time Funding	$	160.8	$	40.2
Total 2017 Executive Recommendation		$24,707.97		$4,350.77

MDHHS 2017 Budget Recommendation
($ in millions)

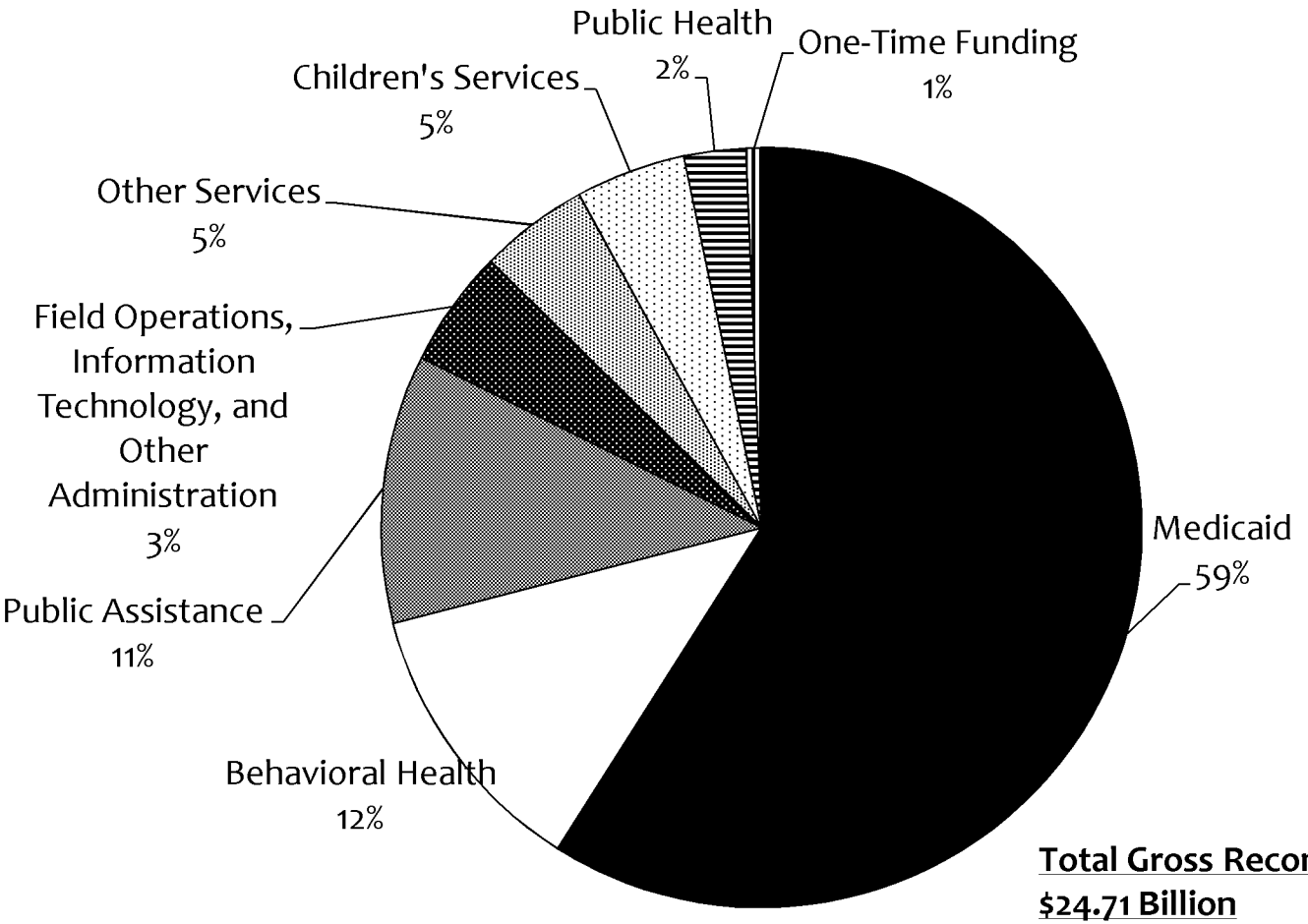
FY 2017 Recommendation	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
	$ 4,310.55	$ 24,547.16	$ 40.22	$ 160.81

FY 2017 Investments:	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
Healthy Kids Dental Completed Statewide Expansion	$ 8.9	$ 25.6	$ -	$ -
New Patient Unit at the Center for Forensic Psychiatry	$ 7.6	$ 7.6	$ -	$ -
MiSACWIS Modernization	$ 7.7	$ 10.8	$ -	$ 11.5
Multicultural Integration Funding Increase	$ 1.4	$ 1.4	$ -	$ -
Integrated Technology Supporting Service Delivery	$ 1.2	$ 12.3	$ -	$ 36.9
Family Independence Program Clothing Allowance Increase	$ -	$ 6.1	$ -	$ -
Pharmacy Reserve Fund	$ -	$ -	$ 30.0	$ 86.1
Flint Declaration of Emergency	$ -	$ -	$ 9.1	$ 15.1
Autism Navigator	$ -	$ -	$ 1.1	$ 1.1
Family Preservation and Support Services Expansion	$ -	$ -	$ -	$ 10.0
Financial Literacy Pilot	$ -	$ -	$ -	$ 5.8

MDHHS 2017 Budget Recommendation
($ in millions)

FY 2017 Other Adjustments:	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
Health Services Caseload Adustments	$ 55.6	$ (409.1)	$ -	$ -
Human Services Caseload Adjustments	$ (0.8)	$ (72.9)	$ -	$ -
Specialty Pharmacy Adjustment for Hepatitis C and Cystic	$ 135.2	$ 394.1	$ -	$ -
Federal Medical Assistance Percentage from 65.60% to 65.15% for regular Medicaid; from 100% to 95% for Healthy Michigan	$ 177.0	$ -	$ -	$ -
Loss of one-time Hospital QAAP retainer savings	$ 92.0	$ -	$ -	$ -
Medicaid HMO and Mental Health PIHP Actuarial Soundness	$ 32.1	$ 118.3	$ -	$ -
Merit Award Trust Fund Adjustment	$ 23.7	$ -	$ -	$ -
Federally mandated change in Medicare Part B premium	$ 16.9	$ 48.7	$ -	$ -
Elimination of HMO Use Tax on January 1, 2017	$ (140.4)	$ (612.9)	$ -	$ -
Healthy Michigan Plan Gainshare from Provider Tax Supplemental Payments	$ (105.0)	$ -	$ -	$ -
Health Insurance Claims Assessment (HICA) Adjustment	$ (58.2)		$ -	$ -
Health Insurer Fee Increase for Medicaid HMOs	$ (36.7)	$ (137.2)	$ -	$ -
Recoup CHIP Funds for CHIP Kids Previously Financed with Medicaid Dollars	$ (30.0)	$ -	$ -	$ -
Medicaid Benefits Trust Fund Adjustment	$ (17.5)	$ -	$ -	$ -
Medicaid Special Financing Adjustments	$ (11.0)	$ (31.3)	$ -	$ -
Remove FY 2016 one-time funding	$ -	$ -	$ (7.4)	$ (7.8)
Revise County Cost-Sharing for Child Welfare	$ (5.2)	$ (6.1)	$ -	$ -
Eliminate In-Home Community Care Grants for Rural Counties	$ (0.4)	$ (0.4)	$ -	$ -
Eliminate Adoptive Family Support Network Funding	$ (0.4)	$ (0.4)	$ -	$ -

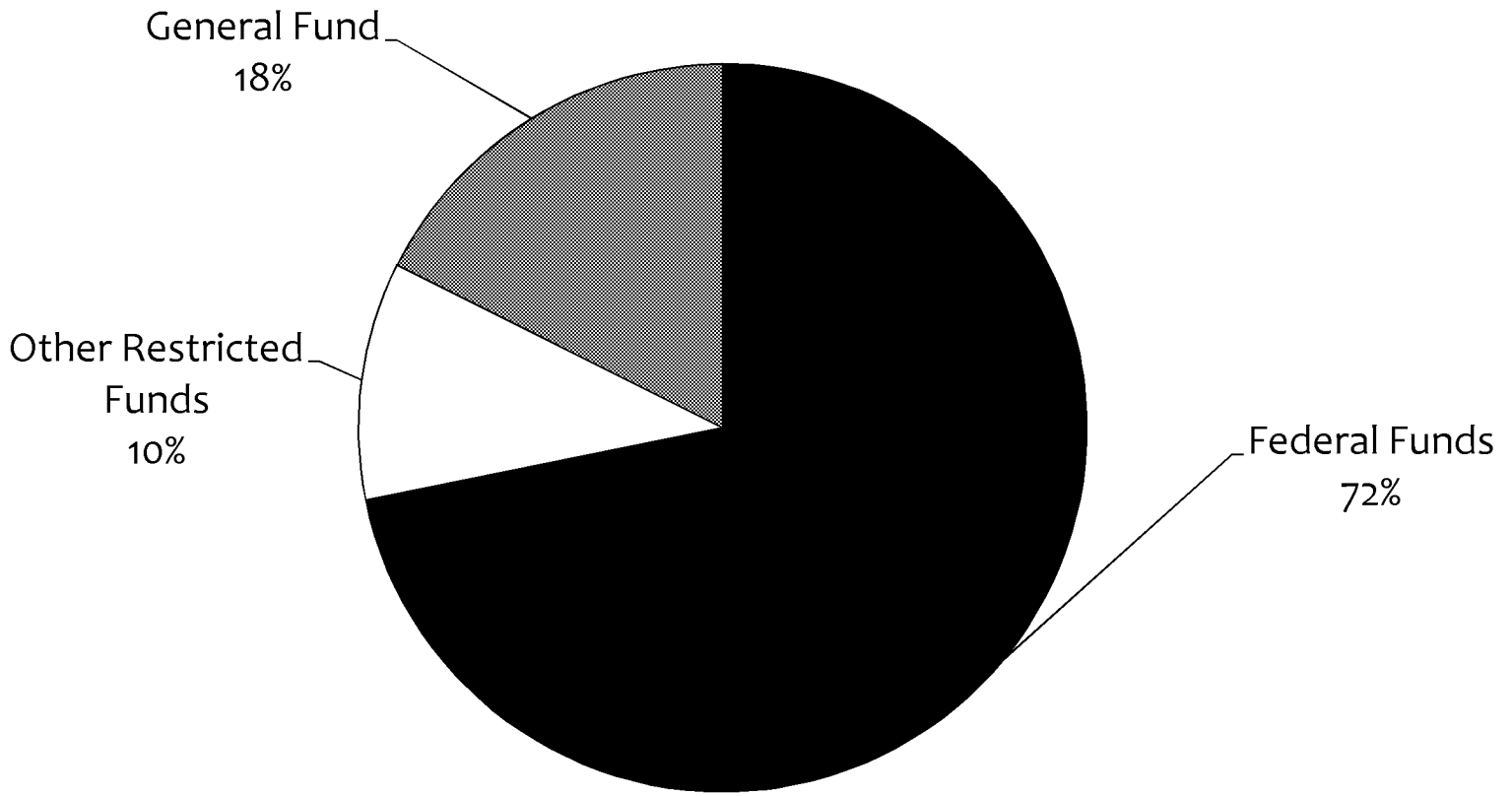
MDHHS 2017 Budget Recommendations



Total Gross Recommendation:
$24.71 Billion

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS 2017 Budget Recommendation
Types of Funding



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Fiscal Year 2017 Investments
Flint Lead Abatement, Investigation and Case Management

Resources for the People of Flint

- Continues programming intended to evaluate and assist those affected by lead contamination, including longer-term issues.

- Provides $15.1 million gross, $9.1 million GF/GP to:
  - ✓ Provide nutritional services throughout the community ($4.7 million gross, $1.1 million GF/GP)
  - ✓ Provide food inspection ($150,000 GF/GP)
  - ✓ Support Child and Adolescent Health Centers and Pathways to Potential staff in local schools ($1.1 million gross, $949,500 GF/GP)
  - ✓ Ensure children with elevated blood levels are evaluated and guided to appropriate medical care, including intensive therapies and crisis intervention as needed through a direct appropriation to the local Community Mental Health provider ($6.9 million gross, $5.0 million GF/GP)
  - ✓ Support lead investigations and develop a plan for lead mitigation ($1.5 million gross, $1.0 million GF/GP)

Fiscal Year 2017 Investments
Systems Support and Modernization

Technology Supporting Integrated Service Delivery

- Modernizes and integrates the systems supporting MDHHS.
- Provides coordination of benefits and a modern marketplace experience, moving towards the vision of the River of Opportunity.
- 90% federal funding, with a 10% State GF/GP match.
- $49.2 million gross, $4.9 million GF/GP investment will streamline the DHHS beneficiary application and enrollment process.

Fiscal Year 2017 Investments
Systems Support and Modernization

MiSACWIS Modernization

- System enhancements to meet federal compliance and provide tools to child welfare workers to:

✓ Increase the effectiveness of safety plans
✓ Increase the performance of the Centralized Intake Hotline
✓ Provide more efficient tools for permanency planning
✓ Further prevent families needing long term assistance from child welfare
✓ Utilize the ISD Portal

- $22.3 million gross, $7.7 million GF/GP investment builds upon the current system's functionality

Fiscal Year 2017 Investments
Health and Wellness

Healthy Kids Dental Expansion

- Expand coverage to youth ages 13-20 in Wayne, Oakland, and Kent counties
- Completes phase-in of statewide coverage
- All Michigan children under age 21 have access to dental care
- $25.6 million gross, $8.9 million GF/GP investment to cover an additional 130,000 children

Fiscal Year 2017 Investments
Health and Wellness

Medicaid Funding for Specialty Pharmacy

- Provides funding for the cost of specialty pharmacy products to treat:
- ✓ Hepatitis C - $327.8 million gross, $91.5 million GF/GP
- ✓ Cystic Fibrosis - $66.3 million gross, $43.7 million GF/GP

- Recommended by Pharmacy and Therapeutics Committee.

- Establishes a one-time $86.1 million gross, $30 million GF/GP Pharmacy Reserve Fund for future high-cost pharmaceuticals

Fiscal Year 2017 Investments
Health and Wellness

New Patient Unit at Center for Forensic Psychiatry

- Open unused wing to bring total capacity to 240 patient beds
- Move individuals currently housed in other regional hospitals or local jails to a facility better suited to address their mental health needs.
- $7.6 million gross and GF/GP investment to provide treatment for 30 additional patients

Autism Navigator/Autism Alliance

- Continues funding to the Autism Alliance for an assessment of the statewide roll-out of the Medicaid Autism benefit and for staff to assist families of autistic children in finding services.
- $1.1 million gross and GF/GP

Fiscal Year 2017 Investments
Health and Wellness

Integration of Physical and Behavioral Health Services

- The Governor's budget recommends that the state begin the process to better integrate behavioral health services with a patient's physical health needs in order to improve care delivery.

- The goal of integrated health care services is improved health outcomes resulting from better coordinated care.

Fiscal Year 2017 Investments Provide Support to Youth and Families

Family Independence Program Clothing Allowance Increase

- Funds $200 annual clothing allowance payment for all 45,000 children receiving FIP assistance.

- $6.1 million investment is entirely funded with federal TANF revenues.

Family Preservation and Support Services Expansion

- Three-year pilot to expand Parent Partner and Family Reunification programs to to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- $10.0 million one-time investment is entirely funded with federal TANF revenues.

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 36]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Department Overview

Fiscal Year 2017 Budget Presentation

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

Nick Lyon, Director
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Michigan Department of Health and Human Services
2016 Strategic Priorities

Children

Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.

Adults

Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.

Family Support

Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.

Michigan Department of Health and Human Services
2016 Strategic Priorities, continued

Health Services

Transform the healthcare system and behavioral health coordination to improve outcomes for residents.

Population Health

Promote and protect the health, wellness, and safety of all Michigan residents.

Workforce

Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

MDHHS has already begun to implement many programs and services that will help the city of Flint recover from this crisis, including:

- Lead testing and follow-up
- Nutrition education and outreach and food distribution
- School-based initiatives
- Data and metrics

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

- Improved access to Medicaid coverage to those under 21 years of age and expansion of Child and Adolescent Health Centers
- Distribution of water resources
- Expansion of our Pathways to Potential programs to provide the best services available to Flint residents
- Behavioral health needs assessment and services

MDHHS Senate Budget Presentation Schedule

Administration	Presenter	
MDHHS Overview	Nick Lyon, MDHHS Director	February 16
Business Integration Center	Karen Parker Senior Deputy Director	February 16
Children's Services Agency	Steve Yager Executive Director	February 23
Population Health and Community Services	Sue Moran Senior Deputy Director	February 25
Medical Services Administration	Chris Priest Senior Deputy Director	March 1
Aging and Adult Services Agency	Kari Sederburg Executive Director	March 3
Policy, Planning & Legislative Affairs Administration	Elizabeth Hertel Senior Deputy Director	March 3
Field Operations Administration	Terry Beurer Senior Deputy Director	March 8
Behavioral Health and Developmental Disabilities Administration	Lynda Zeller Senior Deputy Director	March 10

MDHHS House Budget Presentation Schedule

Administration	Presenter	
MDHHS Overview	Nick Lyon, MDHHS Director	February 18
Business Integration Center	Karen Parker Senior Deputy Director	February 18
Behavioral Health and Developmental Disabilities	Lynda Zeller Senior Deputy Director	February 23
Children's Services Agency	Steve Yager Executive Director	February 23
Population Health and Community Services	Sue Moran Senior Deputy Director	February 25
Medical Services Administration	Chris Priest Senior Deputy Director	March 1
Field Operations Administration	Terry Beurer Senior Deputy Director	March 1
Aging and Adult Services Agency	Kari Sederburg Executive Director	March 3
Policy, Planning & Legislative Affairs Administration	Elizabeth Hertel Senior Deputy Director	March 3

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS Services Statistics

Wow slide

Our Vision: Transform the Health and Human services system to improve the lives of Michigan families

Core Principles

People Not Programs

Root Causes Not Symptoms

Maximize Results

Engage the Community

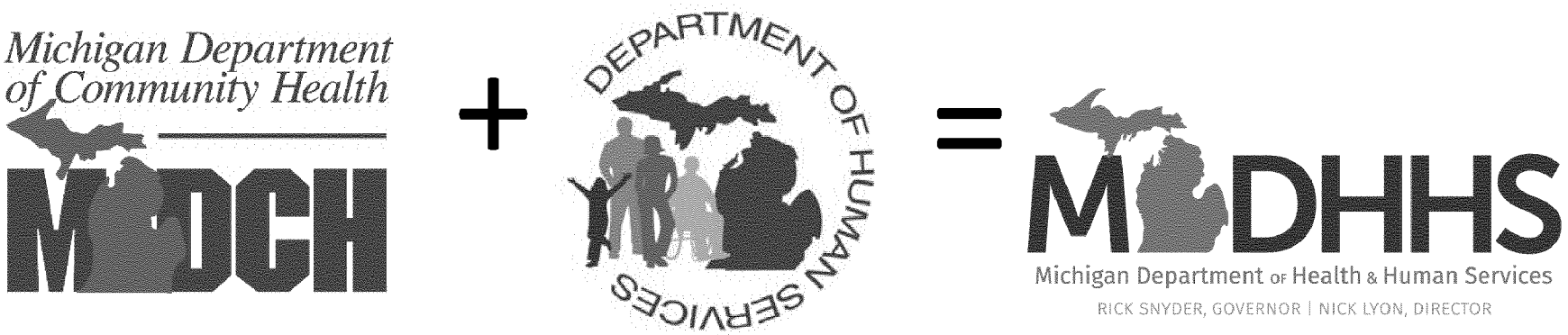
Measure Outcomes

" We can reorganize the way government does business from a people point of view – to focus on the person and solve their problems. If someone falls by the wayside – whether it's from lack of education, an illness, or a difficult life event – we need to get them back into the River of Opportunity as fast as possible so they're successful. This won't be about creating new programs. It will be about effective, accountable government that collaborates to provide good service to our customers. "

Michigan Governor Rick Snyder

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

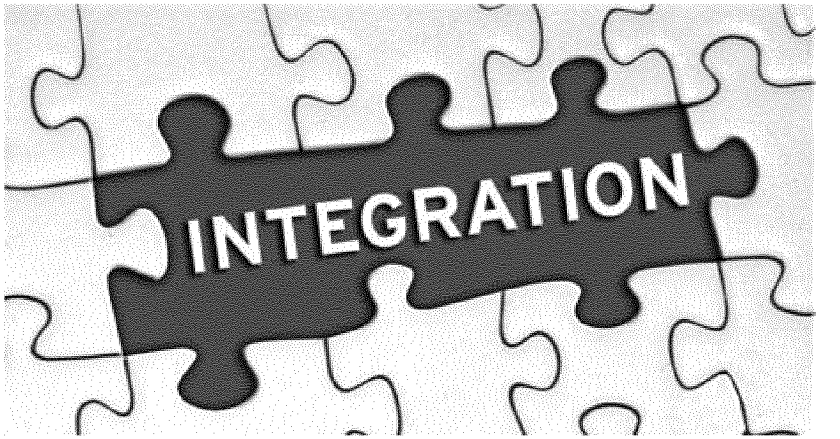
The Merger: A Starting Point for Transformation



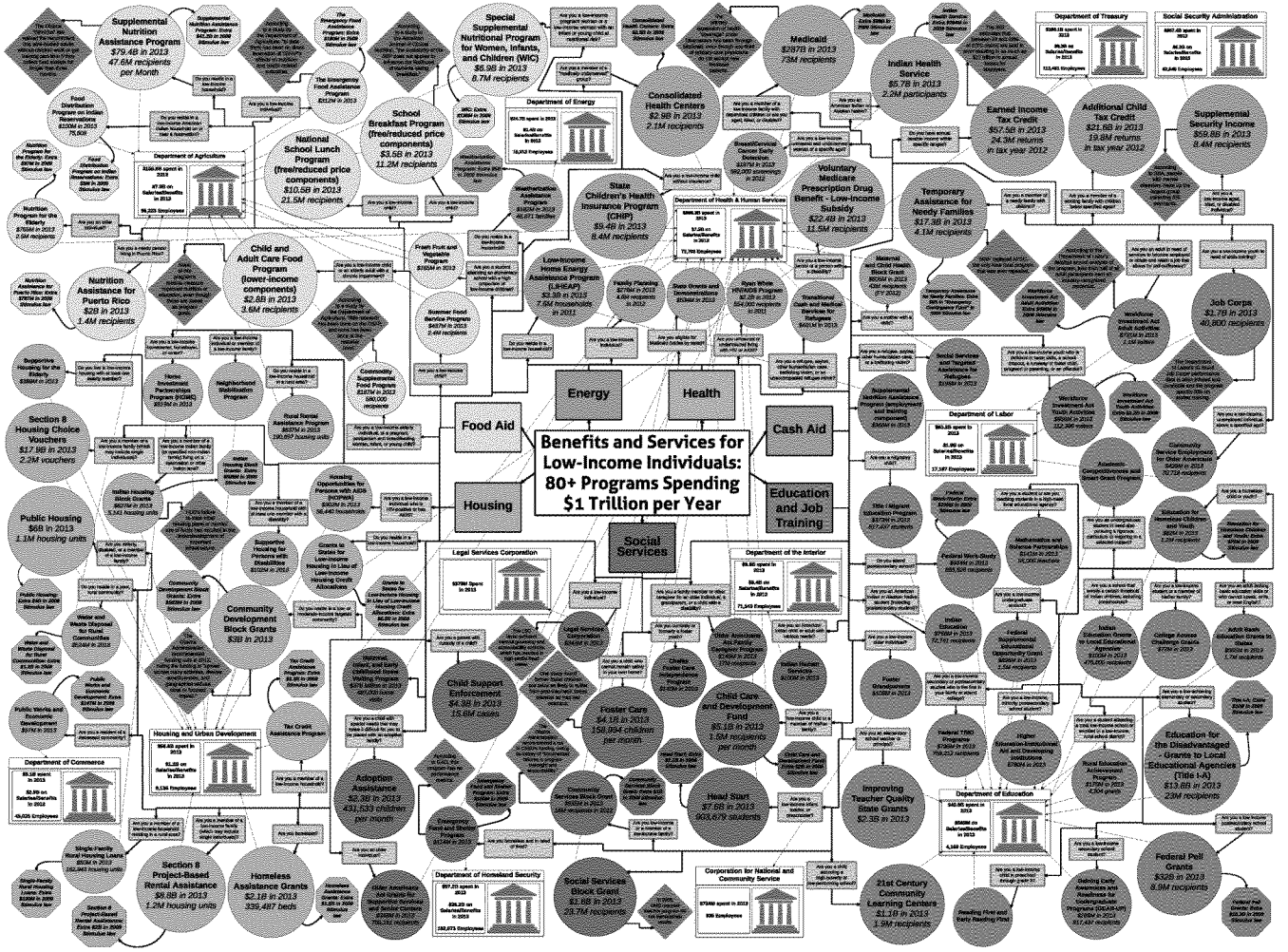
- Separately, the Departments managed hundreds of unique programs that customers interacted with in a multitude of ways
- Through the merger, we're looking at every program we offer to see how we can achieve more person-centric flexibility
- The combined MDHHS is charged with reforming how we interface with our customers through technology and making the service delivery system more focused on the customer's needs

Our Challenge: Integrating Programs

"We've tried to solve problems by creating new programs and adding layers of government. Each program focuses on a specific piece of someone's life without looking at the whole person and understanding what's holding them back from success. Government keeps getting bigger, the root of someone's problem isn't solved, and people are maintained in a status quo."



Where We Stand: Today's Complex System



Source: House Ways and Means Committee staff, using Congressional Research Service reports and other data.

Integrated Service Delivery: Proactivity in Practice

Integrated Service Delivery

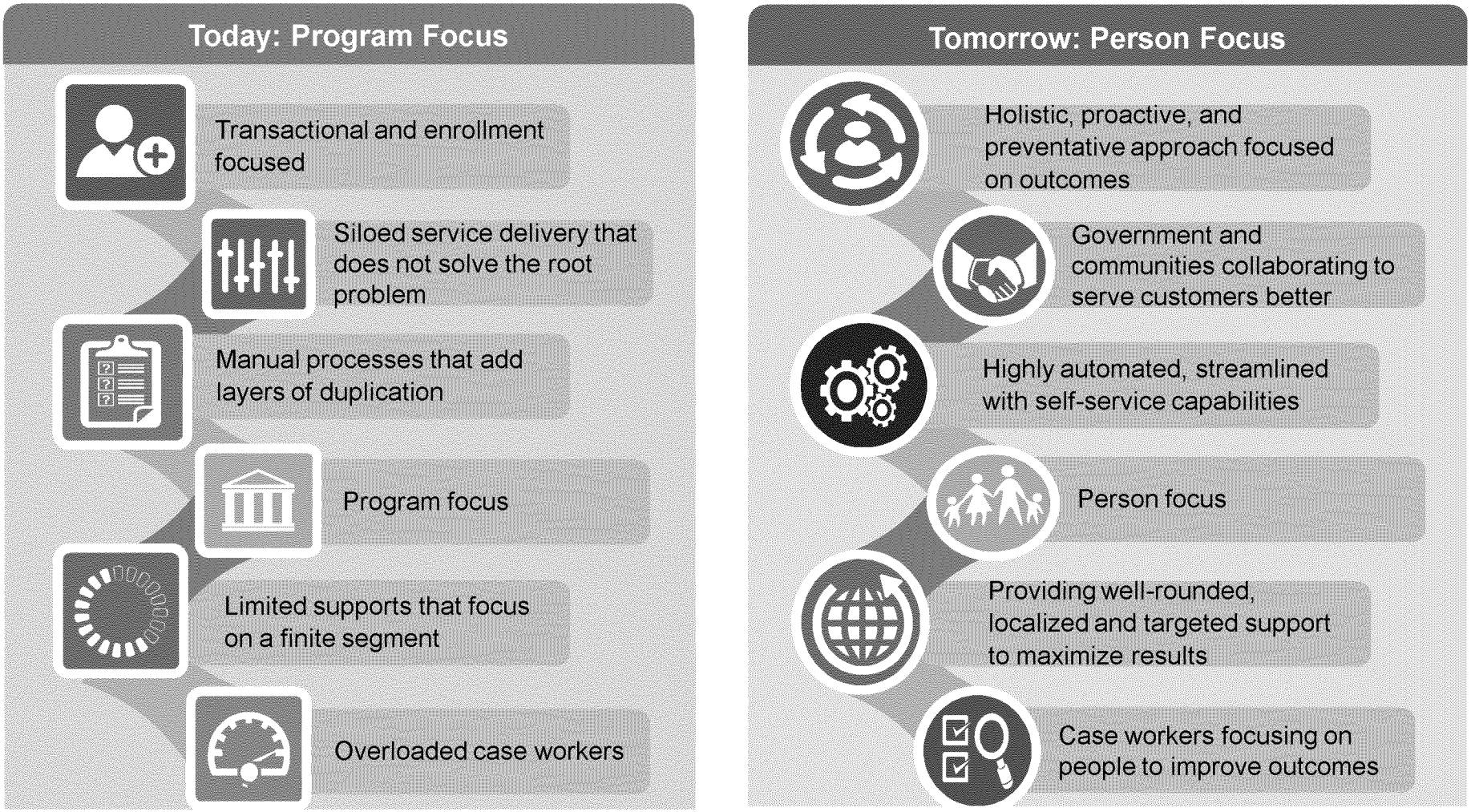
- The integrated model brings many diverse supports and services together in a singular customer experience, including those provided by MDHHS and other organizations
- It works to not only resolve immediate needs, but assess and understand factors contributing to a family's overall stability
- It supports customers in creating a plan to resolve barriers and move toward sustainability

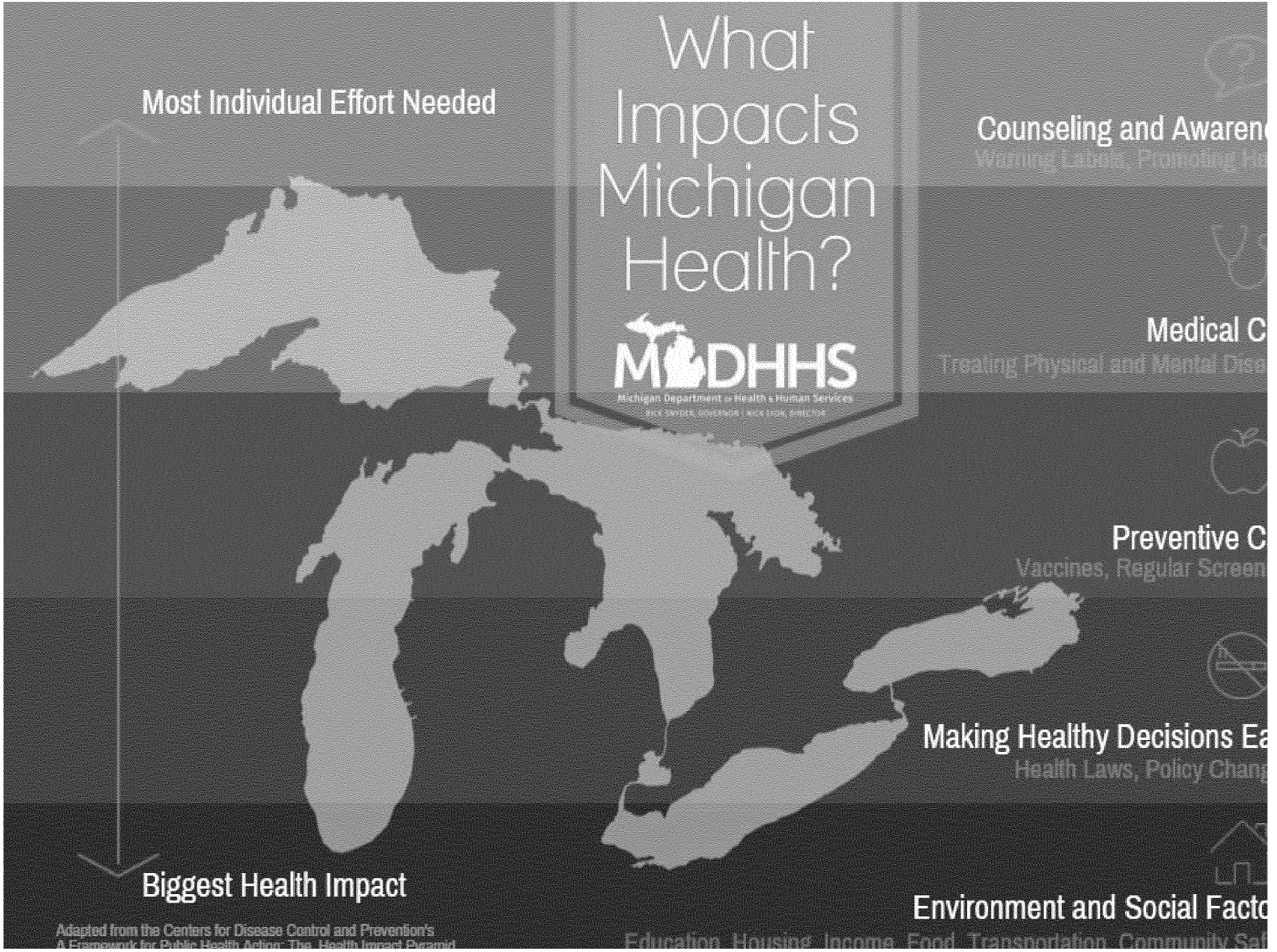
The Current System

- Today's system delivers services in a fragmented way, often after families are already facing crisis situations
- These reactive interventions are expensive and frequently don't address the underlying factors which contribute to a crisis situation



Our Vision: Integrated Service Delivery




What Impacts Michigan Health?
MDHHS
Michigan Department of Health & Human Services
Most Individual Effort Needed
Biggest Health Impact
Counseling and Awaren
Medical C
Preventive C
Making Healthy Decisions Ea
Environment and Social Facto
Education, Housing, Income, Food, Transportation, Community Saf
Adapted from the Centers for Disease Control and Prevention's

Transformation: Integrated Service Delivery

- MDHHS's current integrated service delivery transformation will focus on five critical innovations:

Strategic Alignment

A single, comprehensive strategic structure to align, integrate and ensure the effectiveness and transparency of the programs, services and benefits MDHHS provides.

Holistic Assessment

A common assessment to holistically identify a person's needs, goals and the programs which may be supportive in achieving their goals.

Common Connector and Plan

A common application, referral and success planning process across programs to serve as a single entry and connection point to all supportive opportunities.

Robust Self-Service

Robust client self-service opportunities including online services and a call center where customers can get support with a variety of programs.

Streamlined Renewal

A streamlined renewal and information update process which exchanges information and determinations across programs to minimize administrative burden.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Transformation: Infrastructure Supporting Integration

- MDHHS's integrated service delivery transformation will foster five key infrastructure advancements:

Partner Integration

A platform for State employees, healthcare providers and community organizations to work cooperatively as partners in supporting and coordinating services for customers.

Statewide Resource Index

A comprehensive, statewide index of health, human services, education and workforce resources and service providers to address the root causes of a person's challenges.

Universal Case Management

Effective distribution of work amongst MDHHS offices and employees through implementation of a universal caseload system to improve timeliness and allow for greater flexibility.

Process Improvement

A portfolio of focused improvement projects across the Department's programs and services to engage employees and partners in reinventing MDHHS.

Consent Management

Architecture to document active customer relationships, gain customer consent for information sharing and share pertinent, timely information.

Status of FY 2016 Initiatives
Healthy Michigan Plan

- Approximately 600,000 individuals enrolled.
- Second waiver approved by the Centers for Medicare and Medicaid Services on 12/17/15, allowing coverage to be maintained for HMP-enrolled beneficiaries.
- Beginning January 1, 2017, the federal government contribution drops from 100% to 95%, requiring a 5% state match.

Status of FY 2016 Initiatives

Strengthening and Improving Michigan's Child Welfare System

Update on Federal Consent Decree

- Under a new court-approved plan approved February 2, 2016, DHHS will be able to sharpen its focus on protecting vulnerable children.
- The Implementation, Sustainability, and Exit Plan (ISEP) replaces the Modified Settlement Agreement (MSA), reducing 238 previously monitored requirements to 70.
- Allows DHHS to devote resources to improving safety and well-being outcomes for children and less on monitoring issues that have already been addressed.
- New plan sets the Children's Services Agency on a path toward exiting federal court oversight of Michigan's child welfare system.

Status of FY 2016 Initiatives

Benefits of the Merger

Examples of Collaboration Across Health and Human Services

- **Children's Behavioral Action Team (Collaboration Between Behavioral Health and Children's Services)**
  - Development of collaborative transition plans to support 50 children/youth with serious emotional disturbance, from Hawthorn Center to return home to their families
  - As of 12/31/15, 24 have received services. Of the 24, 18 have been discharged and 75% have remained completely out of psychiatric inpatient care.

- **Flint Response (Collaboration Between Medicaid, Behavioral Health, Aging and Adult Services, Children's Services, Field Operations, and Population Health)**
  - Distribution of water resources
  - Coordination of services

Governor Snyder's FY17 Recommendation

MDHHS 2017 Budget Recommendation
Funding by Category
($ in millions)

2017 Executive Recommendation				
		Gross		General Fund
Medicaid	$	14,576.7	$	1,869.4
Behavioral Health/Substance Abuse Services	$	2,955.5	$	972.3
Public Assistance	$	2,824.1	$	106.4
Field Operations, Information Technology and Other Administ	$	1,232.9	$	409.5
Children's Services	$	1,154.8	$	443.9
Other Services	$	1,151.5	$	435.1
Public Health	$	651.5	$	73.9
One-Time Funding	$	160.8	$	40.2
Total 2017 Executive Recommendation		$24,707.97		$4,350.77

MDHHS 2017 Budget Recommendation
($ in millions)

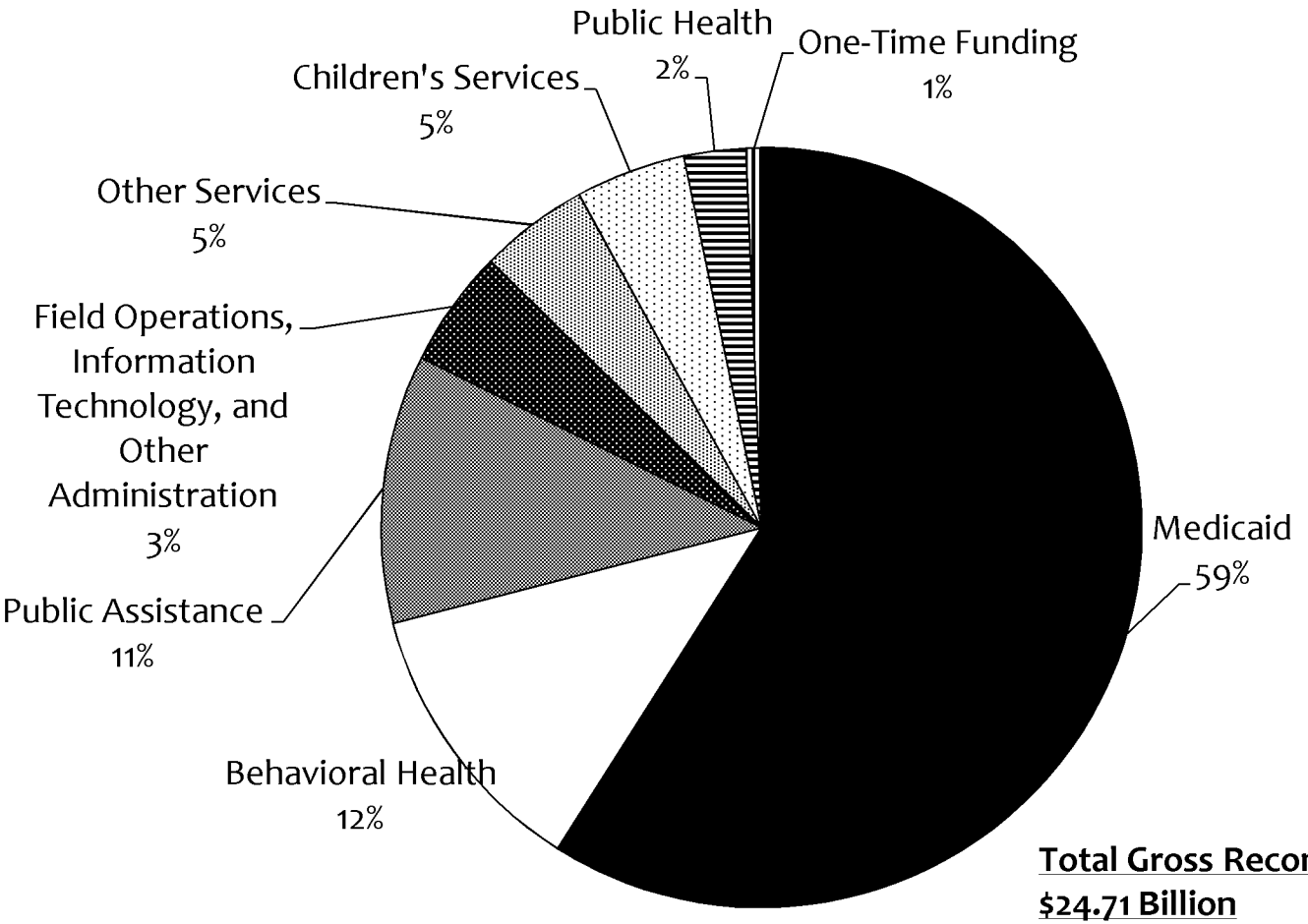
FY 2017 Recommendation	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
	$ 4,310.55	$ 24,547.16	$ 40.22	$ 160.81

FY 2017 Investments:	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
Healthy Kids Dental Completed Statewide Expansion	$ 8.9	$ 25.6	$ -	$ -
New Patient Unit at the Center for Forensic Psychiatry	$ 7.6	$ 7.6	$ -	$ -
MiSACWIS Modernization	$ 7.7	$ 10.8	$ -	$ 11.5
Multicultural Integration Funding Increase	$ 1.4	$ 1.4	$ -	$ -
Integrated Technology Supporting Service Delivery	$ 1.2	$ 12.3	$ -	$ 36.9
Family Independence Program Clothing Allowance Increase	$ -	$ 6.1	$ -	$ -
Pharmacy Reserve Fund	$ -	$ -	$ 30.0	$ 86.1
Flint Declaration of Emergency	$ -	$ -	$ 9.1	$ 15.1
Autism Navigator	$ -	$ -	$ 1.1	$ 1.1
Family Preservation and Support Services Expansion	$ -	$ -	$ -	$ 10.0
Financial Literacy Pilot	$ -	$ -	$ -	$ 5.8

MDHHS 2017 Budget Recommendation
($ in millions)

FY 2017 Other Adjustments:	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
Health Services Caseload Adustments	$ 55.6	$ (409.1)	$ -	$ -
Human Services Caseload Adjustments	$ (0.8)	$ (72.9)	$ -	$ -
Specialty Pharmacy Adjustment for Hepatitis C and Cystic	$ 135.2	$ 394.1	$ -	$ -
Federal Medical Assistance Percentage from 65.60% to 65.15% for regular Medicaid; from 100% to 95% for Healthy Michigan	$ 177.0	$ -	$ -	$ -
Loss of one-time Hospital QAAP retainer savings	$ 92.0	$ -	$ -	$ -
Medicaid HMO and Mental Health PIHP Actuarial Soundness	$ 32.1	$ 118.3	$ -	$ -
Merit Award Trust Fund Adjustment	$ 23.7	$ -	$ -	$ -
Federally mandated change in Medicare Part B premium	$ 16.9	$ 48.7	$ -	$ -
Elimination of HMO Use Tax on January 1, 2017	$ (140.4)	$ (612.9)	$ -	$ -
Healthy Michigan Plan Gainshare from Provider Tax Supplemental Payments	$ (105.0)	$ -	$ -	$ -
Health Insurance Claims Assessment (HICA) Adjustment	$ (58.2)		$ -	$ -
Health Insurer Fee Increase for Medicaid HMOs	$ (36.7)	$ (137.2)	$ -	$ -
Recoup CHIP Funds for CHIP Kids Previously Financed with Medicaid Dollars	$ (30.0)	$ -	$ -	$ -
Medicaid Benefits Trust Fund Adjustment	$ (17.5)	$ -	$ -	$ -
Medicaid Special Financing Adjustments	$ (11.0)	$ (31.3)	$ -	$ -
Remove FY 2016 one-time funding	$ -	$ -	$ (7.4)	$ (7.8)
Revise County Cost-Sharing for Child Welfare	$ (5.2)	$ (6.1)	$ -	$ -
Eliminate In-Home Community Care Grants for Rural Counties	$ (0.4)	$ (0.4)	$ -	$ -
Eliminate Adoptive Family Support Network Funding	$ (0.4)	$ (0.4)	$ -	$ -

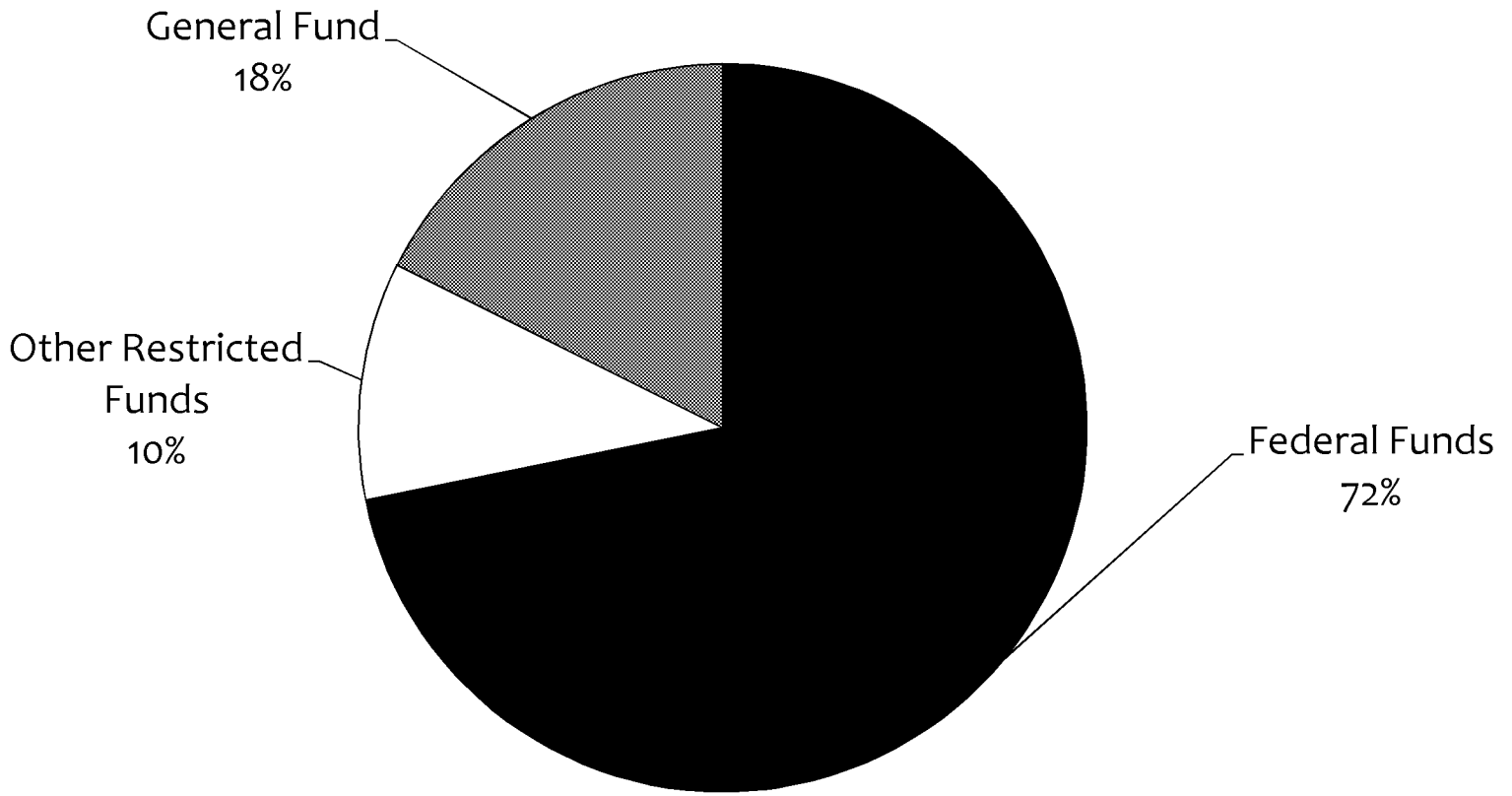
MDHHS 2017 Budget Recommendations



Total Gross Recommendation:
$24.71 Billion

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS 2017 Budget Recommendation
Types of Funding



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Fiscal Year 2017 Investments
Flint Lead Abatement, Investigation and Case Management

Resources for the People of Flint

- Continues programming intended to evaluate and assist those affected by lead contamination, including longer-term issues.

- Provides $15.1 million gross, $9.1 million GF/GP to:
  - ✓ Provide nutritional services throughout the community ($4.7 million gross, $1.1 million GF/GP)
  - ✓ Provide food inspection ($150,000 GF/GP)
  - ✓ Support Child and Adolescent Health Centers and Pathways to Potential staff in local schools ($1.1 million gross, $949,500 GF/GP)
  - ✓ Ensure children with elevated blood levels are evaluated and guided to appropriate medical care, including intensive therapies and crisis intervention as needed through a direct appropriation to the local Community Mental Health provider ($6.9 million gross, $5.0 million GF/GP)
  - ✓ Support lead investigations and develop a plan for lead mitigation ($1.5 million gross, $1.0 million GF/GP)

Fiscal Year 2017 Investments
Systems Support and Modernization

Technology Supporting Integrated Service Delivery

- Modernizes and integrates the systems supporting MDHHS.
- Provides coordination of benefits and a modern marketplace experience, moving towards the vision of the River of Opportunity.
- 90% federal funding, with a 10% State GF/GP match.
- $49.2 million gross, $4.9 million GF/GP investment will streamline the DHHS beneficiary application and enrollment process.

Fiscal Year 2017 Investments
Systems Support and Modernization

MiSACWIS Modernization

- System enhancements to meet federal compliance and provide tools to child welfare workers to:

✓ Increase the effectiveness of safety plans
✓ Increase the performance of the Centralized Intake Hotline
✓ Provide more efficient tools for permanency planning
✓ Further prevent families needing long term assistance from child welfare
✓ Utilize the ISD Portal

- $22.3 million gross, $7.7 million GF/GP investment builds upon the current system's functionality

Fiscal Year 2017 Investments
Health and Wellness

Healthy Kids Dental Expansion

- Expand coverage to youth ages 13-20 in Wayne, Oakland, and Kent counties
- Completes phase-in of statewide coverage
- All Michigan children under age 21 have access to dental care
- $25.6 million gross, $8.9 million GF/GP investment to cover an additional 130,000 children

Fiscal Year 2017 Investments
Health and Wellness

Medicaid Funding for Specialty Pharmacy

- Provides funding for the cost of specialty pharmacy products to treat:
- ✓ Hepatitis C - $327.8 million gross, $91.5 million GF/GP
- ✓ Cystic Fibrosis - $66.3 million gross, $43.7 million GF/GP

- Recommended by Pharmacy and Therapeutics Committee.

- Establishes a one-time $86.1 million gross, $30 million GF/GP Pharmacy Reserve Fund for future high-cost pharmaceuticals

Fiscal Year 2017 Investments
Health and Wellness

New Patient Unit at Center for Forensic Psychiatry

- Open unused wing to bring total capacity to 240 patient beds
- Move individuals currently housed in other regional hospitals or local jails to a facility better suited to address their mental health needs.
- $7.6 million gross and GF/GP investment to provide treatment for 30 additional patients

Autism Navigator/Autism Alliance

- Continues funding to the Autism Alliance for an assessment of the statewide roll-out of the Medicaid Autism benefit and for staff to assist families of autistic children in finding services.
- $1.1 million gross and GF/GP

Fiscal Year 2017 Investments
Health and Wellness

Integration of Physical and Behavioral Health Services

- The Governor's budget recommends that the state begin the process to better integrate behavioral health services with a patient's physical health needs in order to improve care delivery.

- The goal of integrated health care services is improved health outcomes resulting from better coordinated care.

Fiscal Year 2017 Investments Provide Support to Youth and Families

Family Independence Program Clothing Allowance Increase

- Funds $200 annual clothing allowance payment for all 45,000 children receiving FIP assistance.

- $6.1 million investment is entirely funded with federal TANF revenues.

Family Preservation and Support Services Expansion

- Three-year pilot to expand Parent Partner and Family Reunification programs to to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- $10.0 million one-time investment is entirely funded with federal TANF revenues.

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 36]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Department Overview

Fiscal Year 2017 Budget Presentation

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

Nick Lyon, Director
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Michigan Department of Health and Human Services
2016 Strategic Priorities

Children

Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.

Adults

Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.

Family Support

Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.

Michigan Department of Health and Human Services
2016 Strategic Priorities, continued

Health Services

Transform the healthcare system and behavioral health coordination to improve outcomes for residents.

Population Health

Promote and protect the health, wellness, and safety of all Michigan residents.

Workforce

Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

MDHHS has already begun to implement many programs and services that will help the city of Flint recover from this crisis, including:

- Lead testing and follow-up
- Nutrition education and outreach and food distribution
- School-based initiatives
- Data and metrics
- Behavioral health needs assessment and services
- Improved access to Medicaid coverage to those under 21 years of age and expansion of Child and Adolescent Health Centers
- Distribution of water resources
- Expansion of our Pathways to Potential programs to provide the best services available to Flint residents

MDHHS Senate Budget Presentation Schedule

Administration	Presenter	
MDHHS Overview	Nick Lyon, MDHHS Director	February 16
Business Integration Center	Karen Parker Senior Deputy Director	February 16
Children's Services Agency	Steve Yager Executive Director	February 23
Population Health and Community Services	Sue Moran Senior Deputy Director	February 25
Medical Services Administration	Chris Priest Senior Deputy Director	March 1
Aging and Adult Services Agency	Kari Sederburg Executive Director	March 3
Policy, Planning & Legislative Affairs Administration	Elizabeth Hertel Senior Deputy Director	March 3
Field Operations Administration	Terry Beurer Senior Deputy Director	March 8
Behavioral Health and Developmental Disabilities Administration	Lynda Zeller Senior Deputy Director	March 10

MDHHS House Budget Presentation Schedule

Administration	Presenter	
MDHHS Overview	Nick Lyon, MDHHS Director	February 18
Business Integration Center	Karen Parker Senior Deputy Director	February 18
Behavioral Health and Developmental Disabilities	Lynda Zeller Senior Deputy Director	February 23
Children's Services Agency	Steve Yager Executive Director	February 23
Population Health and Community Services	Sue Moran Senior Deputy Director	February 25
Medical Services Administration	Chris Priest Senior Deputy Director	March 1
Field Operations Administration	Terry Beurer Senior Deputy Director	March 1
Aging and Adult Services Agency	Kari Sederburg Executive Director	March 3
Policy, Planning & Legislative Affairs Administration	Elizabeth Hertel Senior Deputy Director	March 3

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS Services Statistics

Wow slide

The River of Opportunity
Integrated Service Delivery in Michigan

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter what their stage in life

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Our Vision: The River of Opportunity

Core Principles

People Not Programs

Root Causes Not Symptoms

Maximize Results

Engage the Community

Measure Outcomes

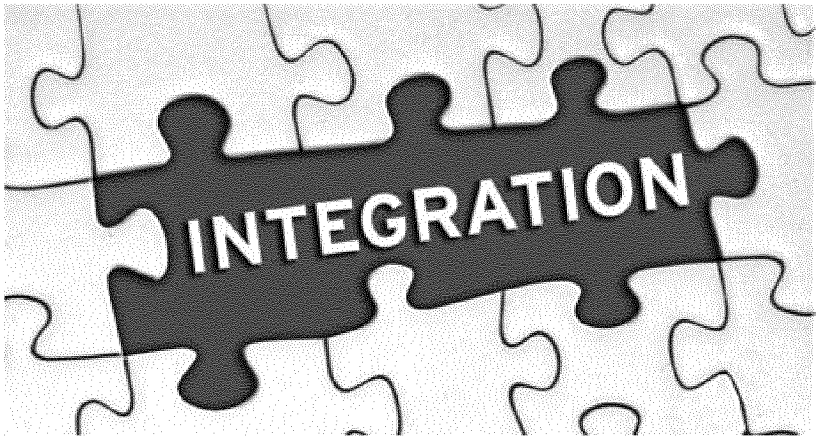
" We can reorganize the way government does business from a people point of view – to focus on the person and solve their problems. If someone falls by the wayside – whether it's from lack of education, an illness, or a difficult life event – we need to get them back into the River of Opportunity as fast as possible so they're successful. This won't be about creating new programs. It will be about effective, accountable government that collaborates to provide good service to our customers. "

Michigan Governor Rick Snyder

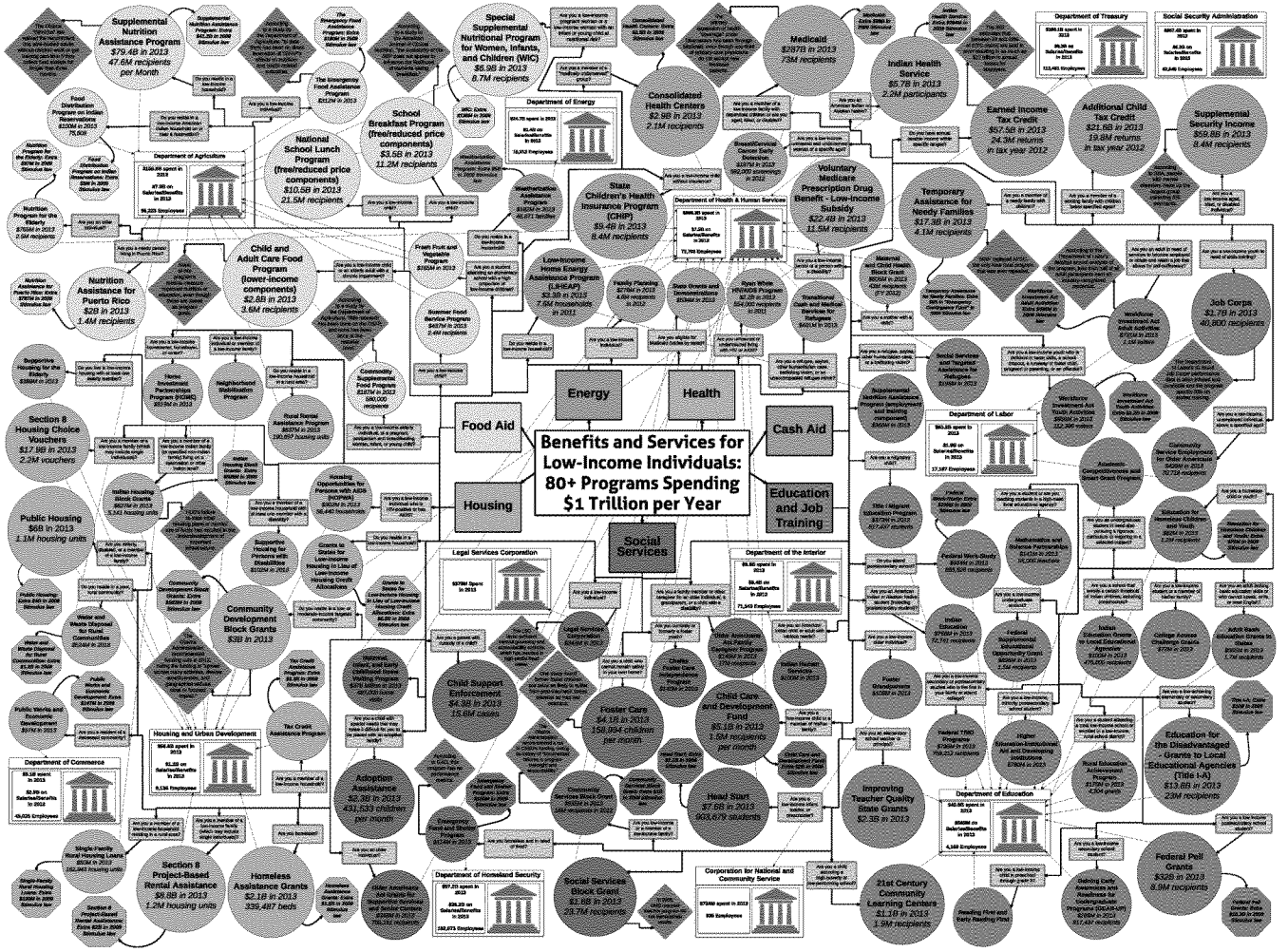
MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Our Challenge: Integrating Programs

"We've tried to solve problems by creating new programs and adding layers of government. Each program focuses on a specific piece of someone's life without looking at the whole person and understanding what's holding them back from success. Government keeps getting bigger, the root of someone's problem isn't solved, and people are maintained in a status quo."

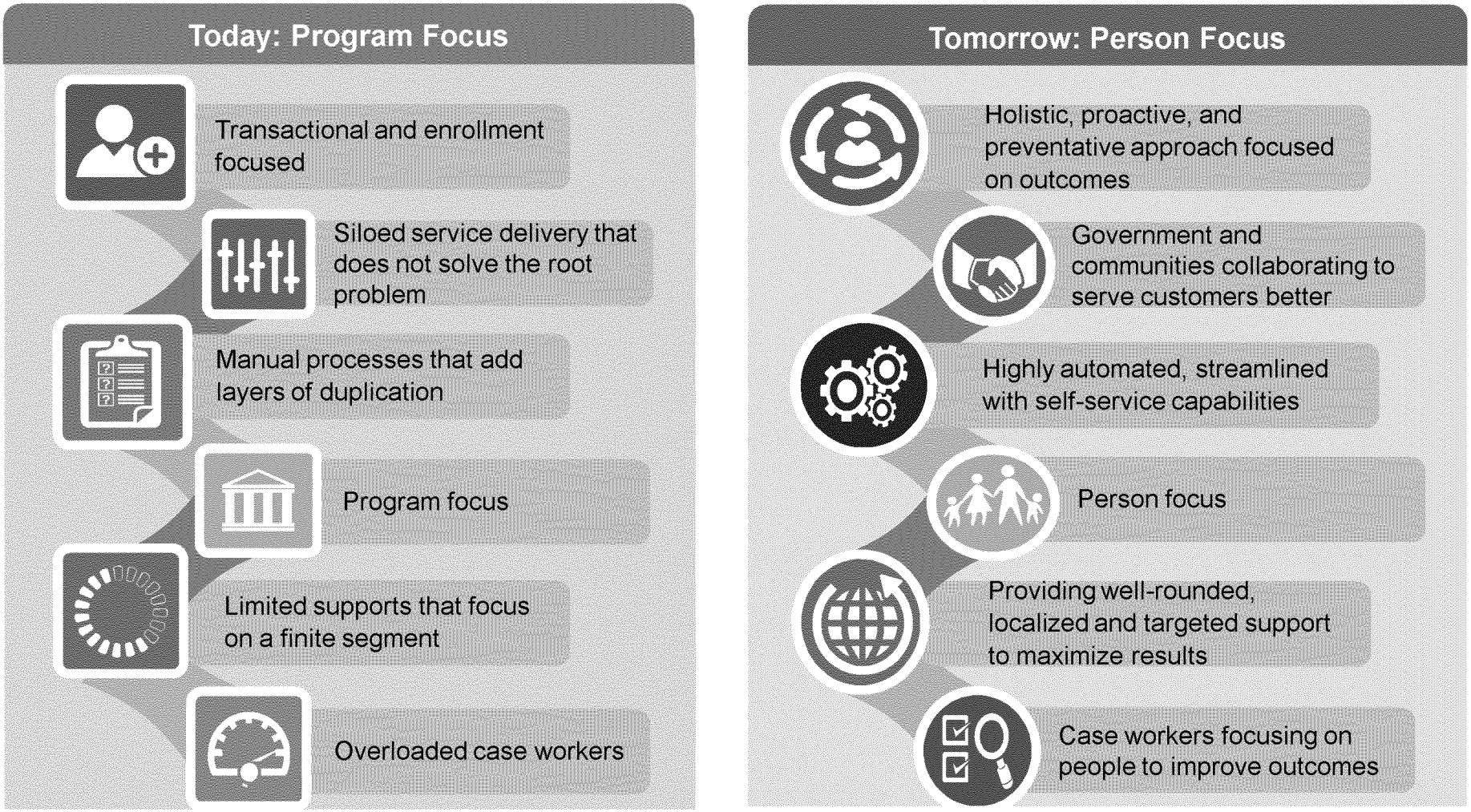


Where We Stand: Today's Complex System

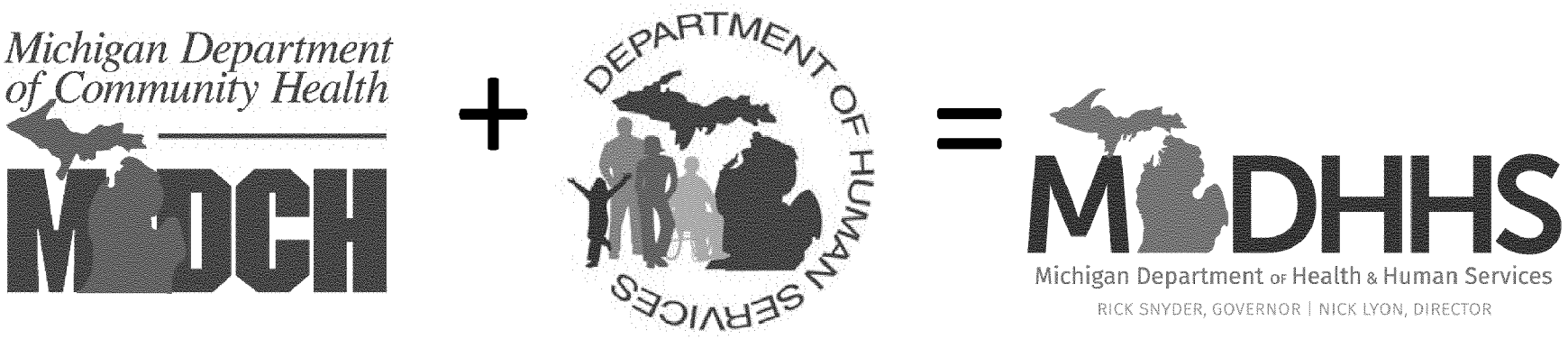


Source: House Ways and Means Committee staff, using Congressional Research Service reports and other data.

Our Vision: Integrated Service Delivery

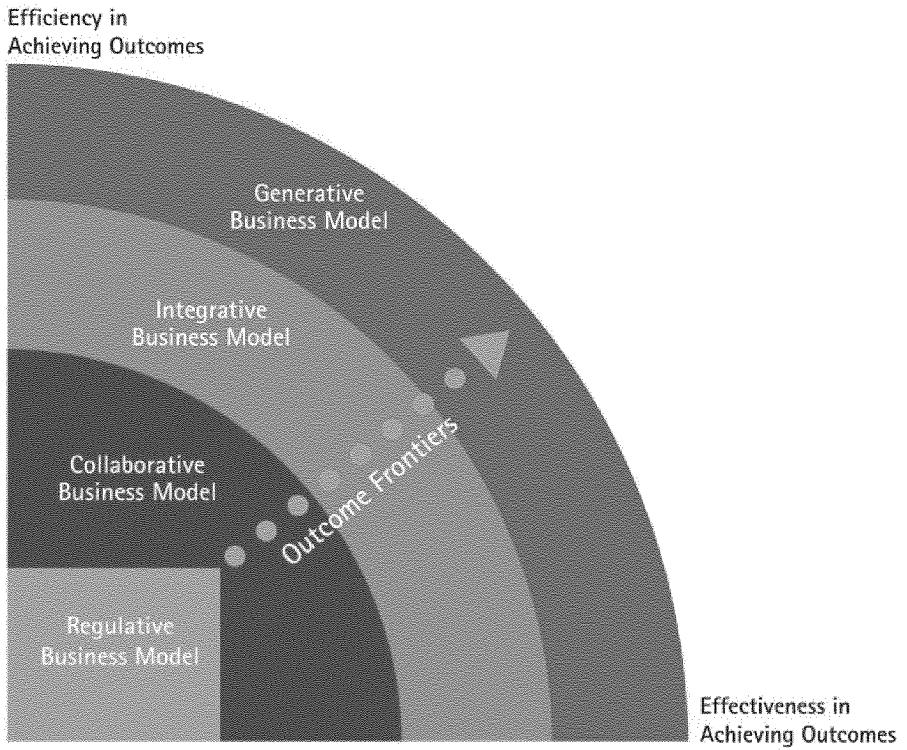


The Merger: A Starting Point for Transformation



- Separately, the Departments managed hundreds of unique programs that customers interacted with in a multitude of ways
- Through the merger, we're looking at every program we offer to see how we can achieve more person-centric flexibility
- The combined MDHHS is charged with reforming how we interface with our customers through technology and making the service delivery system more focused on the customer's needs

The Merger: Advancing Efficiency and Effectiveness

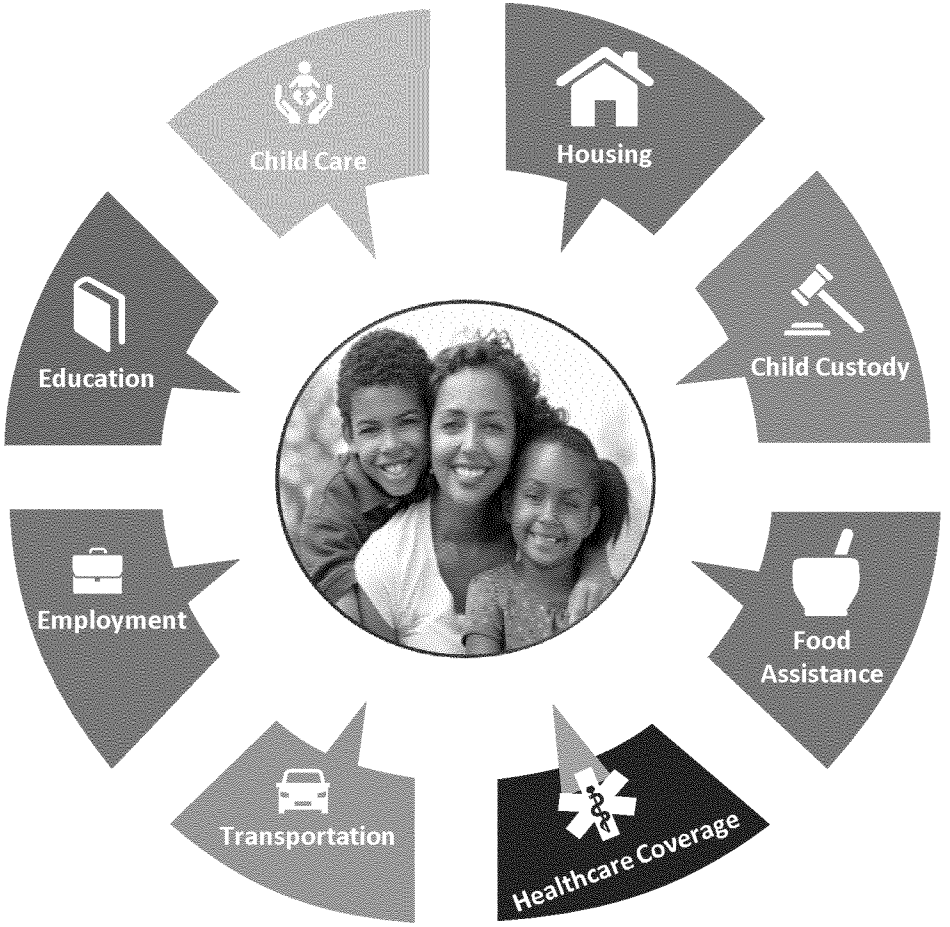


Antonio M. Oftelie. The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services: A Report from the 2011 Human Services Summit on the Campus of Harvard University. Leadership for a Networked World. 2011.

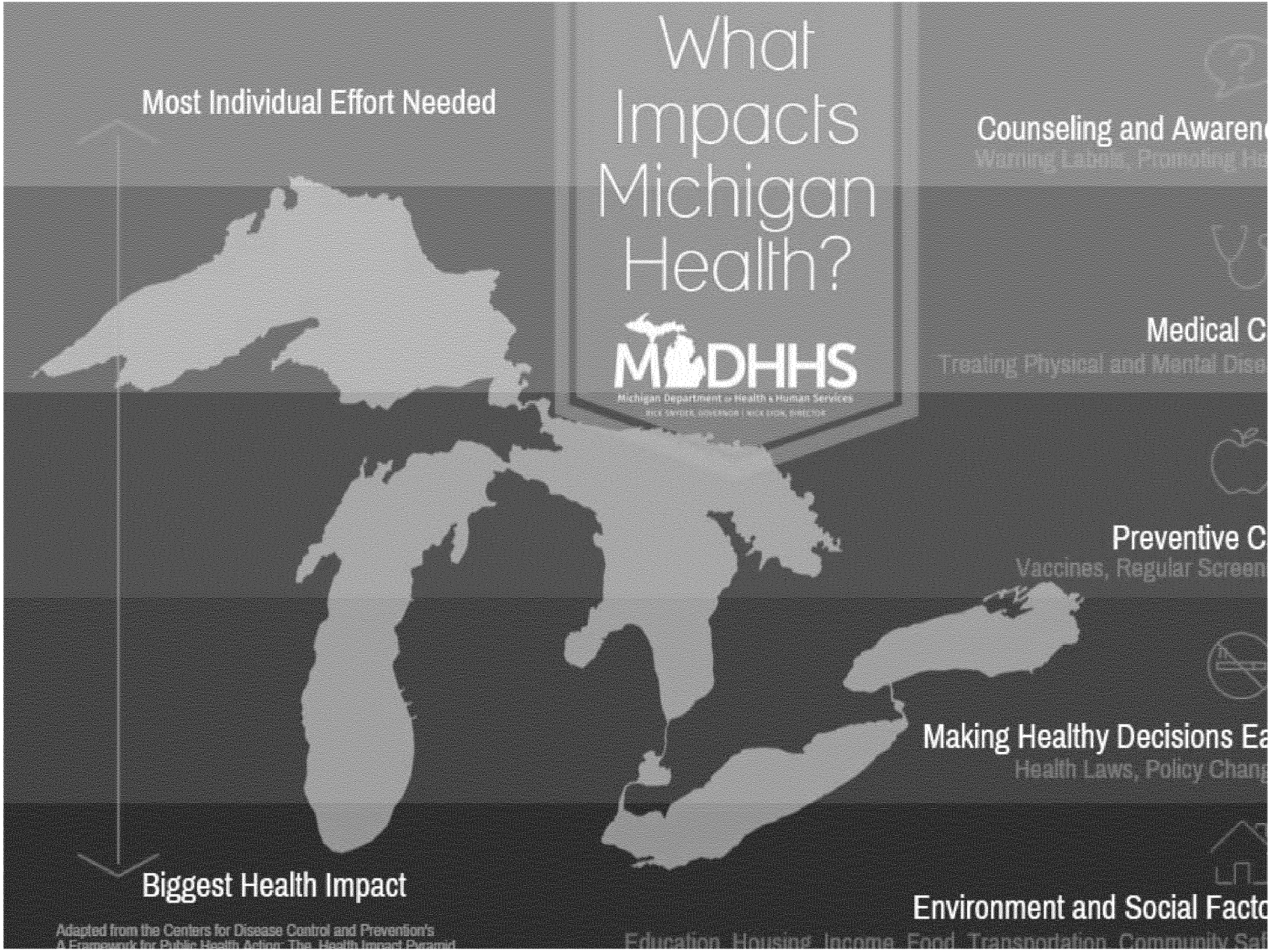
- The merger institutionalized collaborative business model structures that were present but informal previously
- Our Department's core transformation areas are moving us toward a truly integrative approach

Integrated Service Delivery (ISD)

- The River of Opportunity is tangibly changing the way services are delivered by focusing MDHHS on serving people rather than administering programs
- ISD is at the forefront of that transformation through workforce innovation, modernization of technology systems and stronger partnership with communities
- ISD success will be defined by measurable health, safety and self-sufficiency outcomes



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR


What Impacts Michigan Health?
MDHHS
Michigan Department of Health & Human Services
Most Individual Effort Needed
Biggest Health Impact
Counseling and Awaren
Medical C
Preventive C
Making Healthy Decisions Ea
Environment and Social Facto
Education, Housing, Income, Food, Transportation, Community Saf
Adapted from the Centers for Disease Control and Prevention's

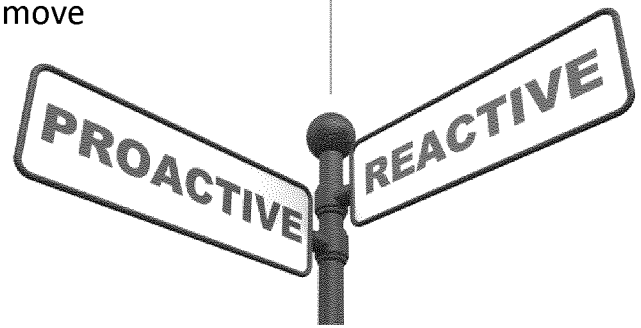
Integrated Service Delivery: Proactivity in Practice

Integrated Service Delivery

- The integrated model brings many diverse supports and services together in a singular customer experience, including those provided by MDHHS and other organizations
- It works to not only resolve immediate needs, but assess and understand factors contributing to a family's overall stability
- It supports customers in creating a plan to resolve barriers and move toward sustainability

The Current System

- Today's system delivers services in a fragmented way, often after families are already facing crisis situations
- These reactive interventions are expensive and frequently don't address the underlying factors which contribute to a crisis situation



Key Concepts: Integrated Service Delivery

Outcome Orientation

Assessing and orienting solutions toward root causes rather than symptoms through intentional business process and system design

Customer Empowerment

Leveraging technology to simplify processes and provide a platform for direct engagement

Cohesive Connection

Incorporating multiple programs in one virtual location with a consistent customer experience

Improved Customer Experience

Designing modern interfaces and functionality with a focus on customer preferences and behaviors

Analytical Insights

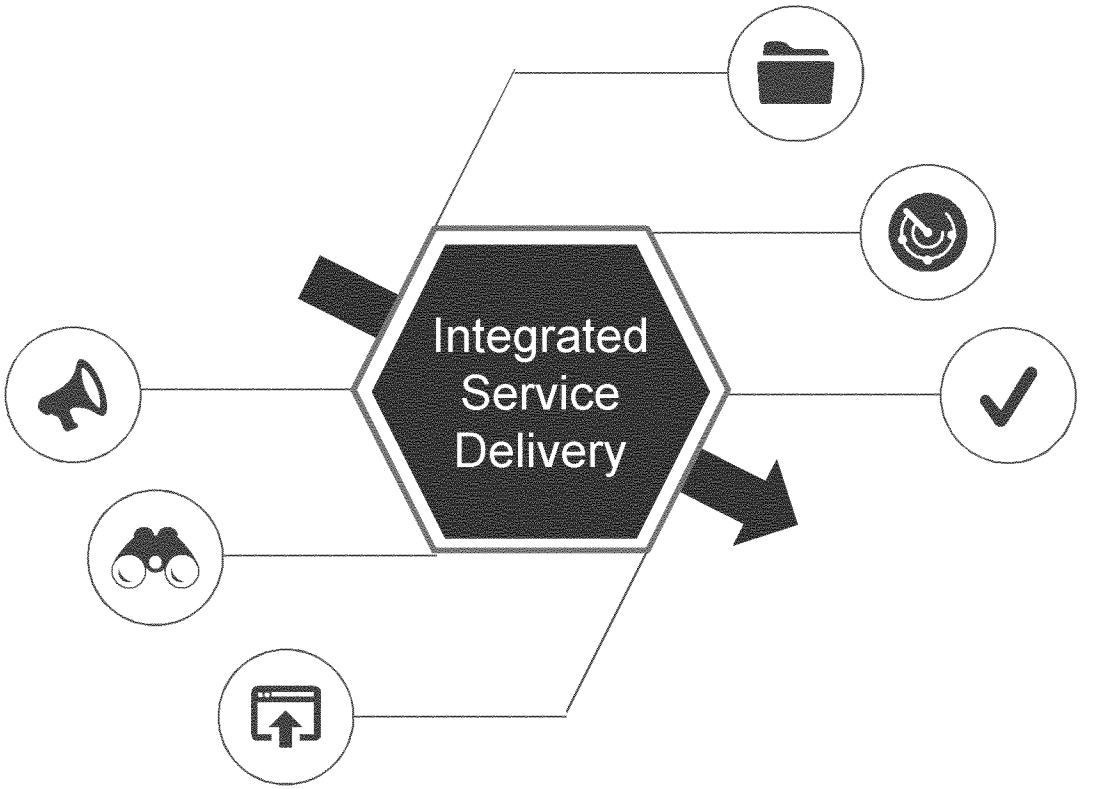
Tailoring services and approach to ensure the right level of support for a customer's needs

Single Point of Contact

Using success coaching as the basis of customer interactions with a specific, reliable staff member or partner

Collaboration

Embracing partners and providers as collaborators in core service delivery



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Transformation: Integrated Service Delivery

- MDHHS's current integrated service delivery transformation will focus on five critical innovations:

Strategic Alignment

A single, comprehensive strategic structure to align, integrate and ensure the effectiveness and transparency of the programs, services and benefits MDHHS provides.

Holistic Assessment

A common assessment to holistically identify a person's needs, goals and the programs which may be supportive in achieving their goals.

Common Connector and Plan

A common application, referral and success planning process across programs to serve as a single entry and connection point to all supportive opportunities.

Robust Self-Service

Robust client self-service opportunities including online services and a call center where customers can get support with a variety of programs.

Streamlined Renewal

A streamlined renewal and information update process which exchanges information and determinations across programs to minimize administrative burden.

Transformation: Infrastructure Supporting Integration

- MDHHS's integrated service delivery transformation will foster five key infrastructure advancements:

Partner Integration

A platform for State employees, healthcare providers and community organizations to work cooperatively as partners in supporting and coordinating services for customers.

Statewide Resource Index

A comprehensive, statewide index of health, human services, education and workforce resources and service providers to address the root causes of a person's challenges.

Universal Case Management

Effective distribution of work amongst MDHHS offices and employees through implementation of a universal caseload system to improve timeliness and allow for greater flexibility.

Process Improvement

A portfolio of focused improvement projects across the Department's programs and services to engage employees and partners in reinventing MDHHS.

Consent Management

Architecture to document active customer relationships, gain customer consent for information sharing and share pertinent, timely information.

Status of FY 2016 Initiatives
Healthy Michigan Plan

- Over 600,000 individuals enrolled as of January 19, 2016.
- Second waiver approved by the Centers for Medicare and Medicaid Services on 12/17/15, allowing coverage to be maintained for HMP-enrolled beneficiaries.
- Effective 4/1/18, all individuals about 100% of the federal poverty level will have a choice:
  Option 1: Attest to healthy behavior and choose to continue HMP coverage or receive subsidized coverage through the Federal Marketplace
  Option 2: Receive subsidized coverage through the Federal Marketplace
- Beginning in Fiscal Year 2017, the federal government contribution drops from 100% to 95%, requiring a 5% state match.

Status of FY 2016 Initiatives

Strengthening and Improving Michigan's Child Welfare System

Update on Federal Consent Decree

- Under a new court-approved plan approved February 2, 2016, DHHS will be able to sharpen its focus on protecting vulnerable children.
- The Implementation, Sustainability, and Exit Plan (ISEP) replaces the Modified Settlement Agreement (MSA), reducing 238 previously monitored requirements to 70.
- Allows DHHS to devote resources to improving safety and well-being outcomes for children and less on monitoring issues that have already been addressed.
- New plan sets the Children's Services Agency on a path toward exiting federal court oversight of Michigan's child welfare system.

Status of FY 2016 Initiatives

Benefits of the Merger

Examples of Collaboration Across Health and Human Services

- **Children's Behavioral Action Team (Collaboration Between Behavioral Health and Children's Services)**
  - Development of collaborative transition plans to support 50 children/youth with serious emotional disturbance, from Hawthorn Center to return home to their families
  - As of 12/31/15, 24 have received services. Of the 24, 18 have been discharged and 75% have remained completely out of psychiatric inpatient care.

- **Flint Response (Collaboration Between Medicaid, Behavioral Health, Aging and Adult Services, Children's Services, Field Operations, and Population Health)**
  - Distribution of water resources
  - Coordination of services, e.g. lead abatement of foster homes; Pathways to Potential workers in Child and Adolescent Health Centers.

Governor Snyder's FY17 Recommendation

MDHHS 2017 Budget Recommendation
Funding by Category
($ in millions)

2017 Executive Recommendation				
		Gross		General Fund
Medicaid	$	14,576.7	$	1,869.4
Behavioral Health/Substance Abuse Services	$	2,955.5	$	972.3
Public Assistance	$	2,824.1	$	106.4
Field Operations, Information Technology and Other Administ	$	1,232.9	$	409.5
Children's Services	$	1,154.8	$	443.9
Other Services	$	1,151.5	$	435.1
Public Health	$	651.5	$	73.9
One-Time Funding	$	160.8	$	40.2
Total 2017 Executive Recommendation		$24,707.97		$4,350.77

MDHHS 2017 Budget Recommendation
($ in millions)

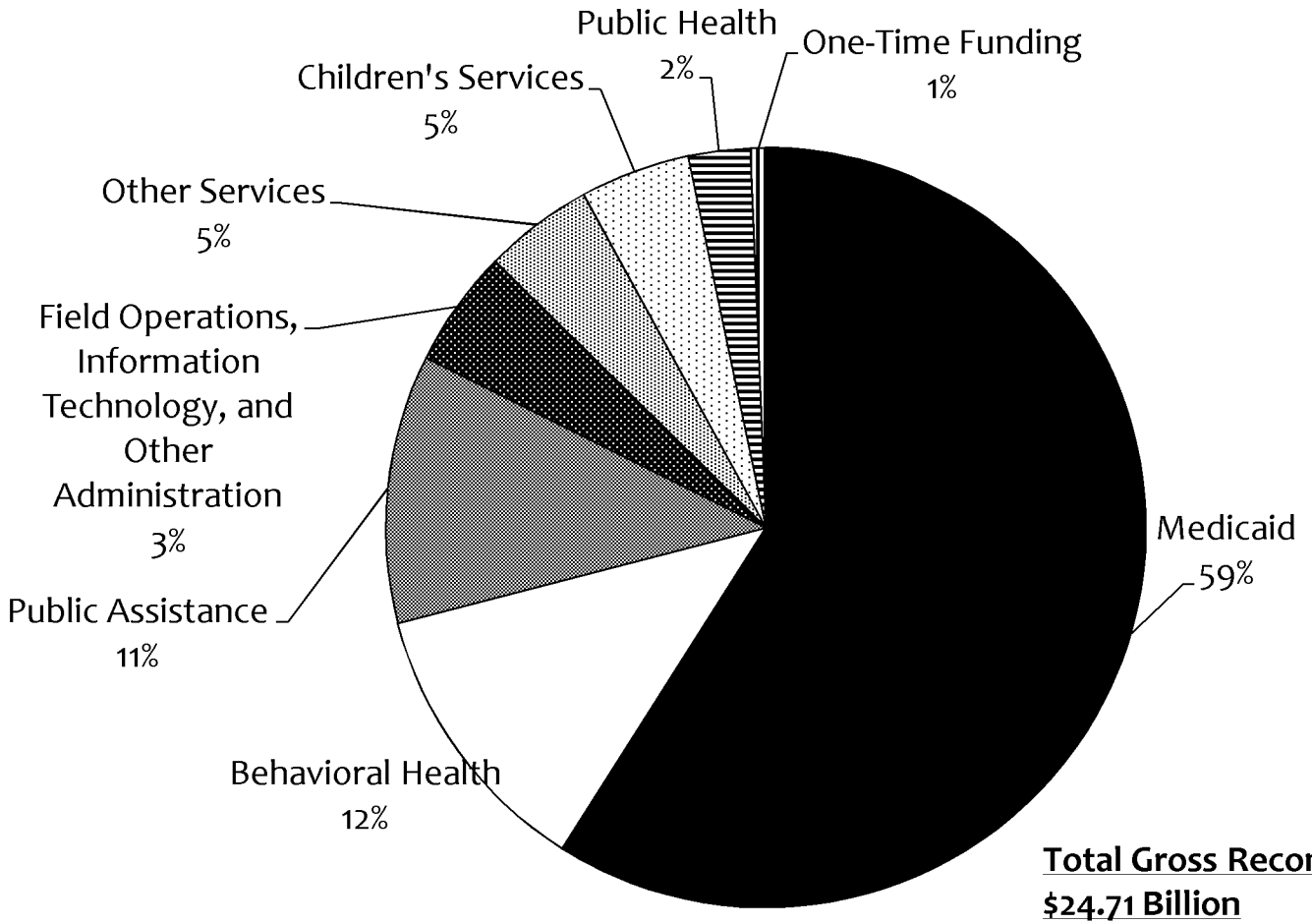
FY 2017 Recommendation	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
	$ 4,310.55	$ 24,547.16	$ 40.22	$ 160.81

FY 2017 Investments:	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
Healthy Kids Dental Completed Statewide Expansion	$ 8.9	$ 25.6	$ -	$ -
New Patient Unit at the Center for Forensic Psychiatry	$ 7.6	$ 7.6	$ -	$ -
MiSACWIS Modernization	$ 7.7	$ 10.8	$ -	$ 11.5
Multicultural Integration Funding Increase	$ 1.4	$ 1.4	$ -	$ -
Integrated Technology Supporting Service Delivery	$ 1.2	$ 12.3	$ -	$ 36.9
Family Independence Program Clothing Allowance Increase	$ -	$ 6.1	$ -	$ -
Pharmacy Reserve Fund	$ -	$ -	$ 30.0	$ 86.1
Flint Declaration of Emergency	$ -	$ -	$ 9.1	$ 15.1
Autism Navigator	$ -	$ -	$ 1.1	$ 1.1
Family Preservation and Support Services Expansion	$ -	$ -	$ -	$ 10.0
Financial Literacy Pilot	$ -	$ -	$ -	$ 5.8

MDHHS 2017 Budget Recommendation
($ in millions)

FY 2017 Other Adjustments:	Ongoing GF/GP	Ongoing All Funds	One-Time GF/GP	One-Time All Funds
Health Services Caseload Adustments	$ 55.6	$ (409.1)	$ -	$ -
Human Services Caseload Adjustments	$ (0.8)	$ (72.9)	$ -	$ -
Specialty Pharmacy Adjustment for Hepatitis C and Cystic	$ 135.2	$ 394.1	$ -	$ -
Federal Medical Assistance Percentage from 65.60% to 65.15% for regular Medicaid; from 100% to 95% for Healthy Michigan	$ 177.0	$ -	$ -	$ -
Loss of one-time Hospital QAAP retainer savings	$ 92.0	$ -	$ -	$ -
Medicaid HMO and Mental Health PIHP Actuarial Soundness	$ 32.1	$ 118.3	$ -	$ -
Merit Award Trust Fund Adjustment	$ 23.7	$ -	$ -	$ -
Federally mandated change in Medicare Part B premium	$ 16.9	$ 48.7	$ -	$ -
Elimination of HMO Use Tax on January 1, 2017	$ (140.4)	$ (612.9)	$ -	$ -
Healthy Michigan Plan Gainshare from Provider Tax Supplemental Payments	$ (105.0)	$ -	$ -	$ -
Health Insurance Claims Assessment (HICA) Adjustment	$ (58.2)		$ -	$ -
Health Insurer Fee Increase for Medicaid HMOs	$ (36.7)	$ (137.2)	$ -	$ -
Recoup CHIP Funds for CHIP Kids Previously Financed with Medicaid Dollars	$ (30.0)	$ -	$ -	$ -
Medicaid Benefits Trust Fund Adjustment	$ (17.5)	$ -	$ -	$ -
Medicaid Special Financing Adjustments	$ (11.0)	$ (31.3)	$ -	$ -
Remove FY 2016 one-time funding	$ -	$ -	$ (7.4)	$ (7.8)
Revise County Cost-Sharing for Child Welfare	$ (5.2)	$ (6.1)	$ -	$ -
Eliminate In-Home Community Care Grants for Rural Counties	$ (0.4)	$ (0.4)	$ -	$ -
Eliminate Adoptive Family Support Network Funding	$ (0.4)	$ (0.4)	$ -	$ -

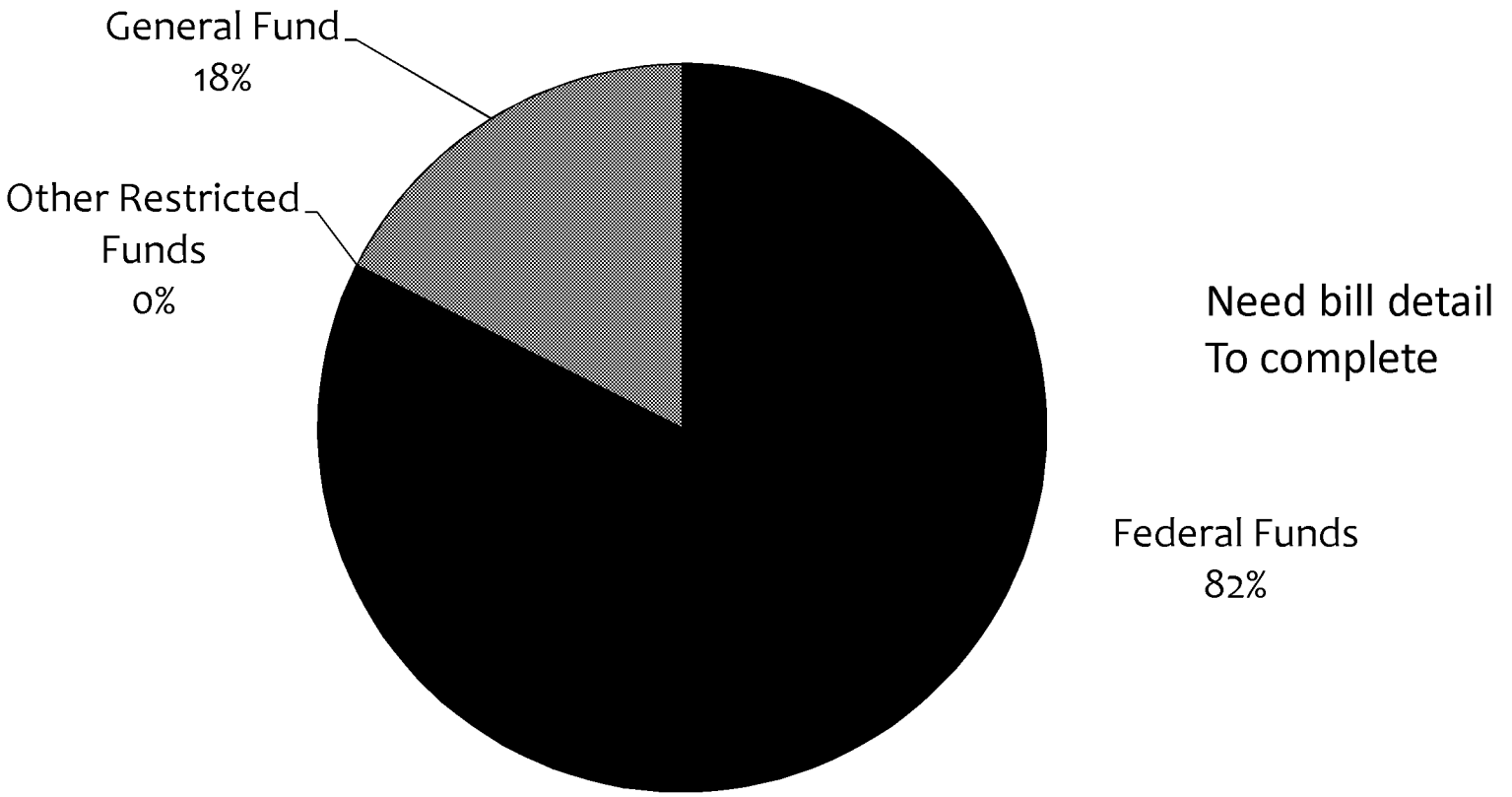
MDHHS 2017 Budget Recommendations



Total Gross Recommendation: $24.71 Billion

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS 2017 Budget Recommendation
Types of Funding



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Fiscal Year 2017 Investments

Flint Lead Abatement, Investigation and Case Management

Resources for the People of Flint

- Continues programming intended to evaluate and assist those affected by lead contamination, including longer-term issues.

- Provides $15.1 million gross, $9.1 million GF/GP to:

✓ Provide nutritional services throughout the community ($4.7 million gross, $1.1 million GF/GP)

✓ Provide food inspection ($150,000 GF/GP)

✓ Support Child and Adolescent Health Centers and Pathways to Potential staff in local schools ($1.1 million gross, $949,500 GF/GP)

✓ Ensure children with elevated blood levels are evaluated and guided to appropriate medical care, including intensive therapies and crisis intervention as needed through a direct appropriation to the local Community Mental Health provider ($6.9 million gross, $5.0 million GF/GP)

✓ Support lead investigations and develop a plan for lead mitigation ($1.5 million gross, $1.0 million GF/GP)

Fiscal Year 2017 Investments
Systems Support and Modernization

Technology Supporting Integrated Service Delivery

- Modernizes and integrates the systems supporting MDHHS.
- Provides coordination of benefits and a modern marketplace experience, moving towards the vision of the River of Opportunity.
- 90% federal funding, with a 10% State GF/GP match.
- $49.2 million gross, $4.9 million GF/GP investment will streamline the DHHS beneficiary application and enrollment process.

Fiscal Year 2017 Investments
Systems Support and Modernization

MiSACWIS Modernization

- System enhancements to meet federal compliance and provide tools to child welfare workers to:
  - ✓ Increase the effectiveness of safety plans
  - ✓ Increase the performance of the Centralized Intake Hotline
  - ✓ Provide more efficient tools for permanency planning
  - ✓ Further prevent families needing long term assistance from child welfare
  - ✓ Utilize the ISD Portal

- $22.3 million gross, $7.7 million GF/GP investment builds upon the current system's functionality

Fiscal Year 2017 Investments Integrate Health and Wellness

Healthy Kids Dental Expansion

- Expand coverage to youth ages 13-20 in Wayne, Oakland, and Kent counties
- Completes phase-in of statewide coverage
- All Michigan children under age 21 have access to dental care
- $25.6 million gross, $8.9 million GF/GP investment to cover an additional 130,000 children

Fiscal Year 2017 Investments
Integrate Health and Wellness

Medicaid Funding for Specialty Pharmacy

- Provides funding for the cost of specialty pharmacy products to treat:
- ✓ Hepatitis C - $327.8 million gross, $91.5 million GF/GP
- ✓ Cystic Fibrosis - $66.3 million gross, $43.7 million GF/GP

- Recommended by Pharmacy and Therapeutics Committee.

- Establishes a one-time $86.1 million gross, $30 million GF/GP Pharmacy Reserve Fund for future high-cost pharmaceuticals

Fiscal Year 2017 Investments Integrate Health and Wellness

New Patient Unit at Center for Forensic Psychiatry

- Open unused wing to bring total capacity to 240 patient beds
- Move individuals currently housed in other regional hospitals or local jails to a facility better suited to address their mental health needs.
- $7.6 million gross and GF/GP investment to provide treatment for 30 additional patients

Autism Navigator/Autism Alliance

- Continues funding to the Autism Alliance for an assessment of the statewide roll-out of the Medicaid Autism benefit and for staff to assist families of autistic children in finding services.
- $1.1 million gross and GF/GP

Fiscal Year 2017 Investments
Integrate Health and Wellness

Integration of Physical and Behavioral Health Services

- The Governor's budget recommends that the state begin the process to better integrate behavioral health services with a patient's physical health needs in order to improve coordination of care.

- The goal of integrated health care services is improved health outcomes.

Fiscal Year 2017 Investments Provide Support to Youth and Families

Family Independence Program Clothing Allowance Increase

- Funds $200 annual clothing allowance payment for all 45,000 children receiving FIP assistance.

- $6.1 million investment is entirely funded with federal TANF revenues.

Family Preservation and Support Services Expansion

- Three-year pilot to expand Parent Partner and Family Reunification programs to to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- $10.0 million one-time investment is entirely funded with federal TANF revenues.

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 39]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Field Operations Administration

Fiscal Year 2017

Presentation to {}

Wednesday, February 3, 2017

Terrence M. Beurer , Senior Deputy Director, Field Operations Administration

Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Field Operations Administration (1)

The DHHS mission includes supporting families and individuals on their road to self-sufficiency. In this capacity, Field Operations Administration oversees the local DHHS offices that provide:

- Food assistance, child care, cash benefits, etc. for families and individuals in need

- Supportive services such as employment and training

Flint Declaration of Emergency

- Teams of Genesee DHHS workers along with Michigan State Police have visited every home in Flint twice
- We continue to deliver and make purchases of water filters, replacement cartridges and water test kits
- Our adult services workers and other staff that make home calls take filters, replacement cartridges and test kits with them and deliver if needed
- Working with LARA/MONA to translate documents in an expedited manner for Flint
- Have information available for clients when we see them of available services in Flint
- Display prominently information of available services in Flint

Field Operations Administration (2)

Field Operations Administration is also responsible for the oversight of the following Central Office units:

- Disability Determination Services which is responsible for determining disability eligibility for state and federal programs
- Office of Child Support which is responsible for child support enforcement

Pathways to Potential (1 of 2)

Goals

1. Decrease chronic absenteeism by at least 10%
2. Expand to more rural areas
3. Focus on mental health and wellness and skills-based training
4. Hire and retain qualified staff
5. Partner with districts and MDE to create and collect more meaningful metrics

Pathways to Potential (2 of 2)

Highlights

1. The **reduction** in chronic absenteeism for the 2014-15 school year was 37.23%.
2. Added 9 new counties and 20 new schools in mostly rural areas.
3. Continuing restorative justice and reducing barriers to learning training; AmeriCorps summer youth employment and mentoring; MCTI/MRS skills-based training for employment; integrating services at the community level to assess and map family success.
4. Proposal for Change Request - Pathways has grown and has outweighed the number of qualified staff available to meet the demand. The solution is to invest in Pathways to Potential and fund an expansion to hire and retain qualified staff to realize positive outcomes for children and families.

Program Description:
Family Independence Program

The goal of the Family Independence Program (FIP) is to help families achieve self-sufficiency and reduce dependence on public assistance. FIP provides a monthly cash assistance grant for both one-and two-parent families. Cash assistance helps in covering personal needs costs (clothing, household items, etc.), housing, heat, utilities and food, in conjunction with Food Assistance Program benefits. Partnership Accountability Training Hope (PATH) is Michigan's employment and training program that provides employment and training services in coordination with cash assistance.

Family Independence Program

- Help families achieve self-support and independence.
- Reduce dependence on public assistance and increase self-sufficiency.
- FIP provides a monthly cash assistance grant to assist in covering personal needs costs (clothing, household items, etc.), housing, heat, utilities and food.
- Families must meet income and asset requirements as well and other eligibility standards including (but not limited to): time on assistance, work participation requirements, school attendance and child support requirements.

Program Description:
Family Assistance Program

The Food Assistance Program (FAP) is a federal safety net program to raise the food-purchasing power of low-income persons. Limited food-purchasing power contributes to hunger and malnutrition. FAP is one of the federal safety net programs. Benefits are 100 percent federally funded and administrative costs are shared equally between the state and the federal government.

Food Assistance Program

- Raise the food purchasing power of low-income persons.
- Food Assistance Program (FAP) is a federal safety net program and benefits are 100 percent federally funded with administrative costs shared equally between the state and the federal government.
- Households are eligible for FAP benefits based on criteria such as, but not limited to: assets, net income, household size, and certain expenses.

Program Description:
State Emergency Relief (SER) Program (1)

The goal of the State Emergency Relief (SER) Program is to prevent serious harm to individuals and families by helping them obtain safe and affordable shelter and other essentials when they face an emergency due to factors or conditions beyond their control. These include Indigent burials and emergency services. All persons other than undocumented aliens are potentially eligible for SER. The SER applicant group must be physically present in Michigan at the time of application, must have an emergency that threatens group members' health or safety, and the emergency must be resolvable through issuance of SER.

Program Description:
State Emergency Relief (SER) Program (2)

SER is not issued to resolve applicant-created emergencies. Covered services include:

- Relocation: Provides assistance with rent, security deposits and moving expenses.
- Home Ownership: House payments, property taxes, homeowner's insurance and mobile home owner's lot rent, up to a lifetime limit of $2,000, to prevent loss of a home if no other resources are available and the home will be available to provide safe, affordable shelter in the foreseeable future.
- Home Repairs: Up to a lifetime limit of $4,000 for energy-related repairs (furnace repair/replacement) and $1,500 for non-energy-related repairs, to correct unsafe conditions and to restore essential services.
- Utility Assistance: Restoration or shutoff prevention of water, sewer and cooking gas service (up to a fiscal year cap of $175) and utility deposits and reconnection fees (up to $200 per occurrence) when service is necessary to prevent serious harm.
- Burial: Payments are authorized for burial or cremation when the deceased person's estate and contributions from friends or relatives are not sufficient to pay for burial or cremation (there is a $4,000 limit on voluntary contributions from friends or relatives over and above the SER payment). MDHHS policy does not give preference to cremation or burial. It is up to the person making the funeral arrangements to make the appropriate determination for the disposition of the deceased.

State Emergency Relief (SER) Program

- Provides immediate assistance for individuals facing conditions of extreme hardship or emergencies threatening health and safety
- Designed to assist low-income households that are normally able to make ends meet but have an unexpected emergency situation arise
- In maintaining the goal of self-sufficiency, providing assistance through the SER program may resolve the client's situation and eliminate the need for further assistance

Program Description: Low-Income Home Energy Assistance Program (LIHEAP)

The Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to low-income households in meeting the costs of home energy. LIHEAP provides three types of energy assistance payments: 1) Basic heating assistance, through the Michigan Home Heating Credit; 2) Michigan Energy Assistance Program (MEAP) and State Emergency Relief (SER) energy services - crisis assistance for those facing energy or energy-related home repair emergencies; and 3) weatherization services.

Low-Income Home Energy Assistance Program

- Eligibility for the Home Heating Credit is based on income, number of exemptions and household heating costs

- Weatherization Assistance provides free home energy conservation services to low-income Michigan homeowners and renters. Typical services are meant to reduce energy use, lower utility bills and include:
  - Wall Insulation; Attic Insulation and Ventilation, Foundation Insulation
  - Air Leakage Reduction
  - Smoke Detectors
  - Dryer Venting

Program Description:
Disability Determination Services

The Michigan Disability Determination Service (DDS) determines initial and continuing eligibility for disability benefits for: 1) Social Security Disability Insurance (SSDI), 2) Supplemental Security Income (SSI), 3) Medicaid Assistance (MA), 4) State Disability Assistance (SDA), and 5) The Office of Retirement Services (ORS) disability retirement program. Social Security Disability Insurance (SSDI), MA and SDA programs have the same medical/vocational eligibility criteria.

Effective July 1, 2015 DDS began full medical development of the State disability claims mentioned above. After initial case work up by the county offices and referral to DDS, a disability examiner will develop the medical case and determine disability eligibility within State standards for the program. Separation of costs between State GF and federal SSA funds are closely monitored and accounted.

Disability Determination Services

- Determines initial and ongoing disability eligibility for state programs (Medicaid and State Disability Assistance) as well as federal programs (RSDI and SSI)

- Ensures federal guidelines are followed when determining disability for state programs.

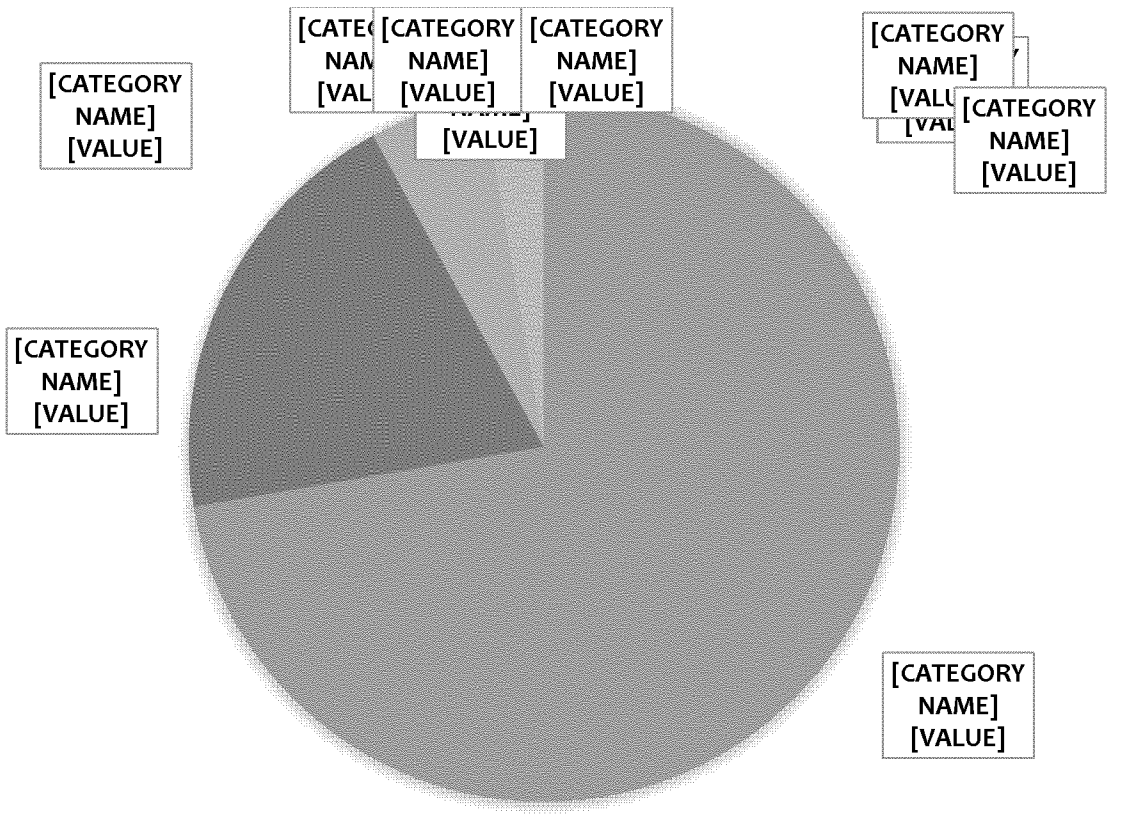
Program Description:
Child Support Enforcement

The Office of Child Support (OCS) is the state agency authorized to administer the federal Title IV-D child support program in Michigan. The OCS provides case initiation services to customers, operates the State Disbursement Unit, provides centralized enforcement services, and is responsible for policy development and training. OCS, in conjunction with the Department of Technology, Management and Budget (DTMB), operates and maintains the statewide Michigan Child Support Enforcement System (MiCSES). The OCS also contracts with Friends of the Court and county Prosecuting Attorneys to provide Title IV-D child support services to county residents. Contracted services include locating parents, establishing paternity, and establishing and enforcing support orders. A child support case is automatically a Title IV-D case if the payee is receiving public assistance; however, anyone can request Title IV-D services. The goal of the child support program is to engage parents to improve their children's lives and to help Michigan's citizens obtain the child support that they are entitled to under federal and state law. This contributes to the agency mission of self-sufficiency, fosters responsible behavior toward children, and helps ensure that children have the financial and emotional support of both parents.

Child Support Enforcement

- Engage parents to improve their children's lives
- Help Michigan's citizens obtain the child support they are entitled to under federal and state law
- Ensure that children have the financial and emotional support of both parents

FY 2016 FOA Appropriations



MDHHS
Michigan Department of Health & Human Services

Governor Snyder's FY17 Recommendation

(LEAVE PAGE BLANK)

MDHHS 2017 Budget Recommendations
(in millions)

Baseline Adjustments	Gross	GF/GP
Caseload adjustments	($75,887,300)	($2,044,300)
Appropriation realignment	$16,135,100	$5,754,500
Merger related transfer	$2,046,500	$721,100
CCF fund shift	0.0	($15,000,000)
FMAP adjustments	0.0	($150,700)
Transfer to LARA EO 2015-3	(162,000)	(162,000)
Medical costs for DDS Operations	138,800	138,800
Total Baseline Adjustments	(57,728,900)	(10,742,600)

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 24]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Policy, Planning & Legislative Affairs Administration

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

{**Deputy Director's Name**}, Senior Deputy Director, {Administration}
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Mission

To ensure that all policy development and implementation is aligned with the department's strategic goals.

Activities to support Flint water

- Working with the federal government to obtain a Health Professional Shortage Area designation, which will allow us to expand the State Loan Repayment program in Flint, to encourage more pediatric providers to practice in that area.
- In conjunction with LARA, utilizing Nurse Professional Funds to ensure comprehensive training for nurses on screening children for cognitive effects of lead.

Policy

- State Innovation Model (SIM)
- Health Information Technology
- Health Disparities
- Integrated Service Delivery
- Other Policy Initiatives, including:
  - Human Trafficking Advisory Board
  - Governor's Opioid Task Force
  - Mental Health and Wellness Commission Implementation
  - People Group
  - NGA Super Utilizers Policy Academy Participant

State Innovation Model

Blueprint for Health Innovation

* The Goals:
  * Strengthen primary care
  * Provide coordinated care
  * Build capacity within communities
  * Improve systems of care
  * Reduce administrative complexity
* State Innovation Model:
  * Patient centered medical homes
  * Accountable systems of care
  * Community Health Innovation Regions
  * Payment systems
  * Health Information and process improvement infrastructure

Health Information Technology

- Support the Health Information Technology Commission created by PA 137-06.
- Coordinate MDHHS activities with the Michigan Health Information Network.
- Offer recommendations on strategic alignment and direction on policy issues related to health IT and secure data exchange.
- Coordinate and align HIT and data sharing efforts with statewide transformation initiatives.
- Align federal health IT priorities with MDHHS health IT policy.

Health Disparities Reduction and Minority Health Section

* Established in 1988 to provide a persistent and continuing focus on eliminating health disparities among Michigan's populations of color.
* Designated MDHHS lead for PA 65 related activities, including initiating and supporting programs, policies, and applied research to address factors that contribute to health disparities among racial and ethnic minorities in Michigan.

Integrated Service Delivery

* Brief Overview
  * Integrated Service Delivery is an enterprise strategy to bring together a diverse set of benefits and services in a holistic, customer-focused experience aimed at impacting health, safety and self-sufficiency outcomes
  * The ISD strategy includes multiple key components:
    * A holistic, proactive customer needs assessment process
    * A shared platform for benefit applications, finding resources, service referrals and success planning
    * New client self-service opportunities including online services and a robust call center
    * Technology improvements which modernize our infrastructure, create shared services and better connect our systems to each other which will facilitate information exchange across programs
    * More effective distribution and completion of casework amongst MDHHS offices and employees through implementation of a universal caseload system

Integrated Service Delivery

* Activities to Date
  * MDHHS completed an integrated service delivery proof of concept (POC) to research and begin to test how ISD concepts could be applied within the Department and with partners
  * MDHHS analyzed policy flexibility and programmatic waiver opportunities to address barriers and develop a set of policy and technological solutions that support ISD
  * MDHHS has prepared a comprehensive business process and technology roadmap informed by proof of concept research to guide our FY 17 procurement, design and implementation efforts

Planning & Program Development

* Healthcare Workforce
* Certificate of Need
* Pathways to Potential
* Michigan Rehabilitation Services *(added by SK)*
* Central Grants Management *(no slide – include?)*

Healthcare Workforce

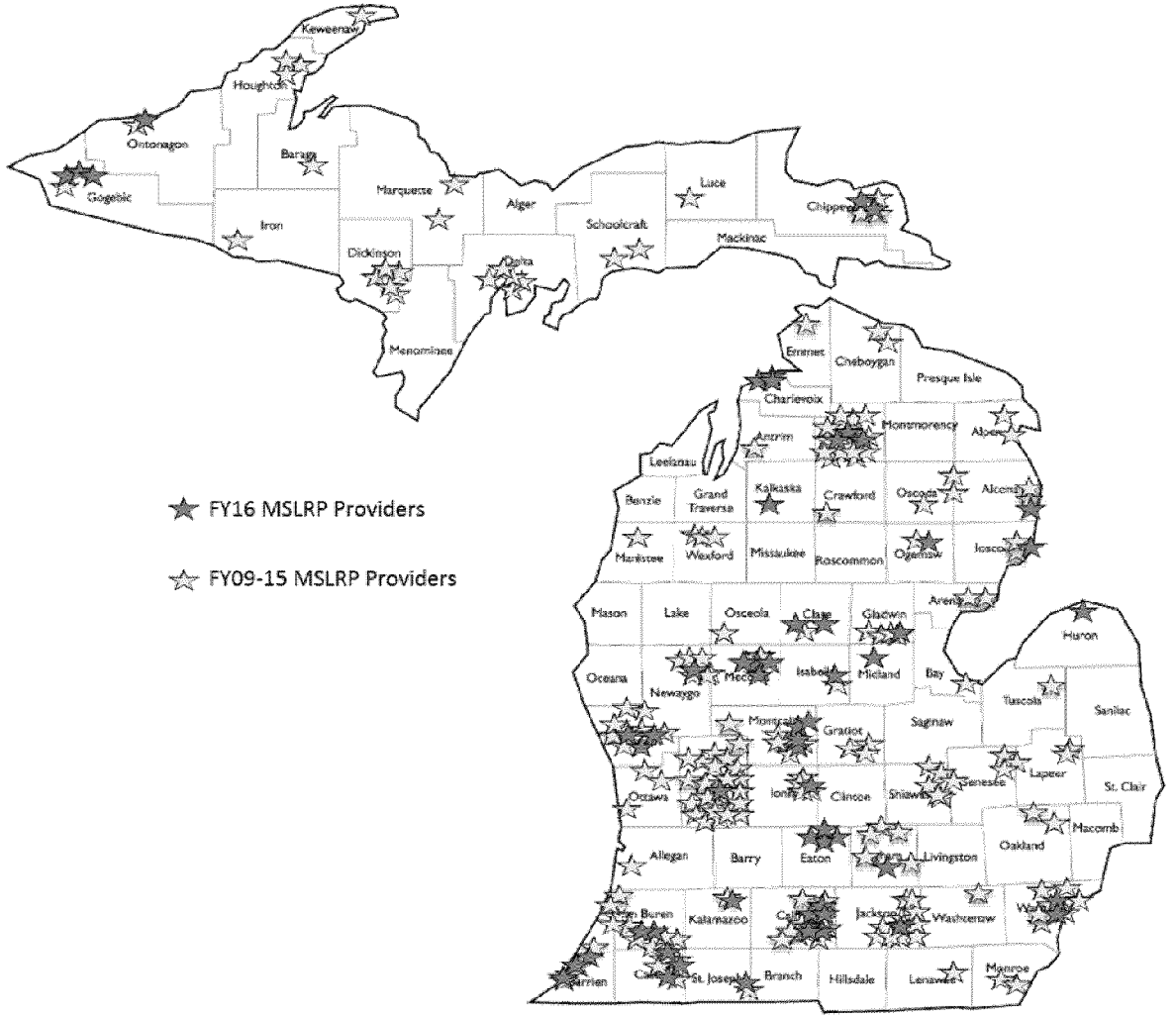
- Increasing the Healthcare Workforce
  - Provides state loan repayment for primary care providers located in underserved areas of Michigan
  - Supports the recruitment and retention of international medical graduates
- Ensuring Access to Services Meets Demand
  - Supports the development of community health centers
  - Provides federal funds to Michigan's free clinics
- Creating Health Planning Tools
  - Designation and re-designation of healthcare shortage areas
  - Identifies characteristics of the uninsured in Michigan
  - Disseminates the annual County Health Rankings

Healthcare Workforce

545	Health Professionals currently receiving federal or state loan repayment or other benefits for serving in health professional shortage areas as supported by MDHHS
85	International medical graduates able to serve MI citizens through the J1 Visa waiver as recommended by MDHHS
59	Federally Qualified Health Centers and Community Health Centers, rural health clinics, school based clinics new or expanded this year with support from MDHHS
48	Free clinics, providing care to residents that have no means to pay, that receive support from MDHHS

Healthcare Workforce

Focus: State Loan Repayment Program (SLRP) placements FY09-16



Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

[Speaker Notes For Slide: 14]

The State Loan Repayment Program is a federal, state and local partnership administered by MDHHs that allows employers to recruit and retain a provider to work in an underserved area by paying off some portion of their student loans through this program. State Loan Repayment focuses on all types of Primary Care providers, including dentists, physicians, physician assistants, nurse practitioners, a range of behavioral health providers, social workers, and certified nurse midwives.

The average medical school graduate can have $150,000 in loan debt, making loan repayment an attractive retention tool. This program has proven to make a profound impact on access to healthcare in many underserved communities.

Overall since the program began in 1991, the State Loan Repayment Program has provided medical loan repayment for 834 providers in Michigan. The majority of placements are rural with 560 providers serving in rural communities.

Workforce Development

Focus: Obstetric (OB) Services in the State Loan Repayment Program (SLRP)



Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

[Speaker Notes For Slide: 16]

Obstetric services has been a priority provider type for the State Loan Repayment Program for the last three years. Looking at obstetric and certified nurse midwife services, SLRP has allowed 47 OB and midwife providers to remain practicing in high-need areas around the state in the last 5 years.

Certificate of Need

Promotes the availability and accessibility of quality health care services.

* The Certificate of Need Commission establishes standards that MDHHS implements.
* Approval is needed to initiate, replace or relocate any one of the 15 statutorily defined services or equipment.

Michigan Certificate of Need

Quick Statistics FY15

435	Letters of Intent received
327	Applications filed
314	Projects approved
$2.3 Billion	New capital expenditures in MI's healthcare system

[Speaker Notes For Slide: 19]

Remove last stat

Pathways to Potential

- Provides centrally located services with a network of supports and community coordinated services to create a positive impact on students and families.
- At the end of the 2014-2015 school year, Pathways was in 22 counties and 219 schools.
- Pathways continues to grow and is now in 247 schools in 31 counties.
- At the end of the 2014-2015 school year, there was a reduction in chronic absenteeism of 37.23% in the 219 Pathways schools.

Michigan Rehabilitation Services

* MRS partners with individuals and employers to achieve employment outcomes and independence for individuals with disabilities.
* Serves applicants seeking employment by providing individual counseling based on individual experience, abilities, functional limitation, and the essential functions of a specific job.
* Services business customers in providing expertise and resources to help locate, match, and accommodate employees with disabilities.

Michigan Rehabilitation Services

* (Note: MRS is working on getting FY15 data)

FY 17 Program Investments and Other Adjustments
(in millions)

Description	FY 2017 Recommendation	
	GF/GP	Gross
Investments:		
New Patient Unit at the Center for Forensic Psychiatry (on going)	$7.6	$7.6
Autism Navigator/Autism Alliance (one-time)	$1.1	$1.1
Reductions:		
Support for Mental Health and Wellness Funds	$2.2	$2.2
Other Adjustments:		
Actuarial Soundness Rate Adjustments		
1.5% for Prepaid Inpatient Health Plan (PIHP) Actuarial Soundness	$12.1	$35.3
1.5% for Healthy Michigan Plan (HMP) Mental Health & Substance Use	$0.0	$4.6
Community Mental Health Non-Medicaid Services	$20.0	$20.0

MDHHS 2017 Budget Recommendations
(in millions)

(Table to be inserted here by DHHS Budget)

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

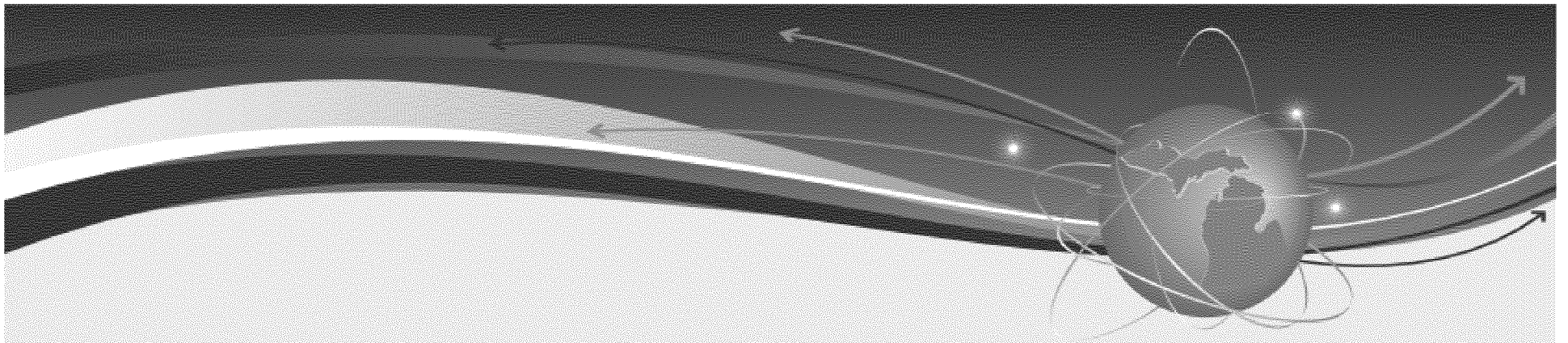
Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 26]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Population Health and Community Services Administration

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee

on Health & Human Services

{DATE}

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

Susan

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Population Health and Community Services Administration

Six Department Strategic Priorities

Children

Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.

Adults

Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.

Family Support

Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.

Health Services

Transform the healthcare system and behavioral health coordination to improve outcomes for residents.

Population Health

Promote and protect the health, wellness, and safety of all Michigan residents.

Workforce

Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

[Speaker Notes For Slide: 3]

To accomplish these priorities, the Michigan Department of Health and Human Services has established metrics on more than 150 internal scorecards and on the Public Health and Wellness dashboard to ensure we are meeting the needs of all Michigan residents throughout their lifetimes by addressing the root issues preventing them from achieving self-sufficiency.

PHCSA focuses on 5 of the 6 priorities listed here.

Population Health and Community Services Administration

Six Bureaus:

- Bureau of Local Health and Administrative Services
- Bureau of Family, Maternal, and Child Health
- Bureau of Laboratories
- Bureau of Disease Control, Prevention, and Epidemiology
- Bureau of EMS, Trauma, and Preparedness
- Bureau of Community Services

Michigan's Local Health Departments

45 Independent Public Health Partners

Identify and Manage Chronic, Infectious, and Environmental Conditions

Basic Services

Hearing and Vision Screening

Vaccine Delivery

Communicable Disease Identification and Treatment

Restaurant Inspections

Safe Drinking Water Provision

Family Planning Service Delivery

Chronic Disease Prevention and Management

Other Services

Medical Examiner Office, Aging Services, Veterans Affairs,

Substance Use Disorder, Lead Testing/Inspections/Abatement

6

[Speaker Notes For Slide: 6]

Michigan's 45 Local Health Departments, independently managed by County government, are the backbone of public health delivery.

Critical programs addressing chronic, infectious and environmental issues are jointly administered with our colleagues in the Michigan Departments of Agriculture and Rural Development and Environmental Quality.

Local health departments touch all Michigan residents. All provide basic services, such as checking young children for hearing and vision anomalies, providing life saving vaccinations, assuring communicable diseases are identified and managed, working with restaurant owners to provide safe food, insuring safe drinking water from wells, administering family planning programs, and providing for chronic disease prevention, education, and management.

All the local health departments have additional services, depending on local needs and resources. Many oversee services such as the Medical Examiners Office, Offices on Aging, Veterans Affairs, Substance Use Disorder Education, and Lead Testing, Inspection and Abatement programs.

Community Action Agencies

Michigan CAAs provide services to
201,864 low-income individuals in 109,377 families*

Vulnerable populations served by Michigan CAAs included:

53,223
children



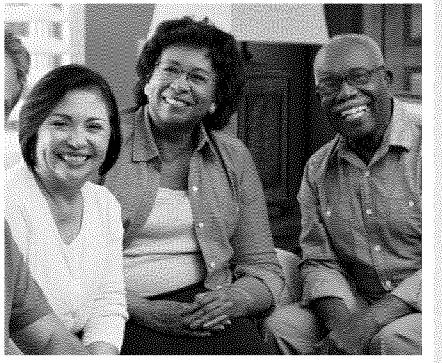
26,927
people with disabilities



12,915
people who lacked health insurance



56,727
seniors



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR : NICK LYON, DIRECTOR

8

* 2015 Community Services Block Grant Annual Report
MDHHS Bureau of Community Action & Economic Opportunity

[Speaker Notes For Slide: 8]

Community Action is unique in its comprehensive approach to alleviating poverty. Community Action Agencies provide a wide variety of services and develop community partnerships, involve low-income customers in their operations, and coordinate an array of services within their community. Community Action Agency's services include programs that address education, emergency services, employment, health, housing, utility assistance, weatherization assistance, linkages, income management, nutrition, and self-sufficiency.

As an example, Genesee County Community Action Resource Department (GCARD), made significant contributions to its community in 2015. As a first responder to the Flint Water Crisis, GCCARD provided warehousing and inventory resources for 20,000 water filters and also the coordination and distributing water filters to the public at four distribution sites. GCCARD's assistance provided 16,000 Flint residents with water filters, basic safety instructions, installations to home bound seniors, and delivery of filters to MDHHS local offices to replenish their supplies. GCCARD is currently working with the Red Cross, National Guard, MDHHS, Correction's Volunteers, United Way, and many others as this crisis has accelerated to a National Disaster.

The slide shows data from the 2015 State CSBG Factsheet for Michigan (FY2014 Data). Approximately 201,864 low-income individuals in 109,377 families were provided services addressing 645,051 indicators of movement towards self-sufficiency. The highest indicators listed in the 2015 report were addressing emergency assistance (approximately 40%) and addressing child and family development and family stability (approximately 38%). The types of indicators correlate with the population served; 53,223 children, 26,927 people with disabilities, 12,915 people who lacked health insurance, and 56,727 seniors. Nearly 72% of Head Start Children in Michigan are served through a community action agency.

Population Health Priorities

- Immunizations
- Nutrition, Physical Activity and Obesity
- Healthy Babies
- Heart Disease and Stroke
- Tobacco
- Public Health Response in Flint

[Speaker Notes For Slide: 10]

We're working closely with our external partners on the five priorities shown here. Our goal is to help all Michiganders lead healthier and more productive lives, no matter their stage in life.

To keep pace with emerging public health challenges and to address the leading causes of death and disability, PHCSA is focusing on the five public health priorities with large-scale impact on health and with known, effective strategies to intervene. We are attempting to rally resources and partnerships to accelerate a measurable impact on health.

The next few slides contain information on the priorities shown here.

Immunization

- 74% of children 19-35 months in MCIR completed recommended vaccine doses.
- 1,553,666 doses of vaccine valued at $87,526,676 distributed through Vaccine for Children Program to providers.
- 118,244,255 doses of vaccine given to 9,414,204 Michiganders now in MCIR.
- Administrative Rules amended in 2014 require education at the time a nonmedical waiver is signed. Results so far:
  - ✓ **1.80% decrease** in immunization waivers (4.60% to 2.80%) for schools representing a **39.13% decrease** in statewide wavier rates

[Speaker Notes For Slide: 12]

Although Michigan has a nationally recognized vaccine tracking system (The MCIR) our rates are lower than we'd like. We work with the private sector to administer vaccines through the VFC Program.

Amended Administrative Rules went into effect in January of 2015 which required a parent requesting a nonmedical exemption for vaccinations for school or childcare entry, to meet with local health department staff to discuss their decision not to vaccinate. This conversation is an opportunity for parents to express their concerns about vaccinations receive the most recent information about the benefits of vaccinations for the student and the community. Physician offices do not have the time to have these discussions with parents and respond to the questions they may have about vaccines. This rule did not take away the parents ability to sign an immunization waiver. The requirement has already decreased the statewide waiver rates. 1.80% decrease in the percentage of children receiving an immunization waiver (4.60% to 2.80%) for schools representing a 39.13% decrease in the statewide wavier rates.

Obesity, Physical Activity and Nutrition

- Obesity is a leading cause of preventable death
- Obese adults often suffer heart disease, stroke, diabetes, asthma, and arthritis
- Obesity rates have leveled off over the past few years, but more efforts are needed
- The *Governor's* 4 x 4 plan:
  - Increase healthy eating & active living
  - Policy & environmental change strategies
  - Building partnerships and coalitions

[Speaker Notes For Slide: 14]

2.4 million adults are currently obese in Michigan.
In 2013, 271,000 Michigan high school students were either overweight or obese.

To reduce those rates we've established 4 x 4 Local Coalitions to implement policy and environmental change.

We make the healthy choice easier in workplace environments across the State of Michigan by:
Promoting Designing Healthy Environments at Work (DHEW) assessment and action plans.

And by providing opportunities for employees to be physically active during the workday
Ensure that healthy food options are available in vending, cafeterias, meetings, and events
Provide stress reduction opportunities and strive to create a lower stress environment
Provide an environment free of second-hand smoke and provide help and encouragement for tobacco users to quit
And lastly by promoting the Healthy School Action Tools(HSAT) assessment and action plan –used by schools.

Child & Adolescent Health Centers

- 100 school based/linked health centers, medically underserved schools and communities
- Client centered primary & behavioral health care - K-12 students
- In 2015, **90%** of clients with BMI at or above 85th percentile received counseling for nutrition and physical activity
- CAHCs provide:
  - physical activity and nutrition education
  - 1-1 dietitian services & family intervention as needed
  - support groups- eating disorders, healthy eating, positive body image
  - ongoing management of clinical obesity within a healthcare setting

16

[Speaker Notes For Slide: 16]

The Child & Adolescent Health Center program provides a unique opportunity to address childhood overweight and obesity in high need medically under-served communities, within the context of a primary care visit.
Nurse Practitioners, Social Workers, Dietitians, and Health Educators within these centers provider client centered primary and behavioral health care to K-12 students
In 2015, 90% of clients with BMI at or above 85th percentile received counseling for nutrition and physical activity. This reflects a 35% increase since 2012, the 1st year we collected data on this measure – Note (this is a PCMH indicator – not sure if that's worth pointing out)
These centers also provide a range of supportive services including:
Individual and group education
1-1 dietitian services
Family intervention services if appropriate (e.g. helping families understand the role of good nutrition in promoting the health of their child, developing nutrition care plans, etc.)
Support groups on topics such as self esteem/positive body image, eating disorders, and/or healthy eating.
Our centers also contribute to a healthy school environment, by providing school wide promotional activities, participating in school improvement teams, contributing to school wide policies, and being a health champion within the school.

Infant Mortality Reduction

- MI's 2014 infant mortality rate lowest on record at 6.6 per 1,000 births.
- The Infant Mortality Reduction Plan emphasized 9 key strategies.
- Certificate of Need requirement for Special Care Nurseries in birthing hospitals.
- Collaborations with birthing hospitals:
    - Referrals to evidenced-based home visiting programs
    - Provide information and education on safe sleep practices

[Speaker Notes For Slide: 18]

Talking Points
1. This rate is consistent with a decreasing trend. The rates for 2013 – 7.0 and 2012 – 7.0. The lowest single year rate ever achieved by the state is 6.6 (2011). This preliminary rate was developed to provide an early indication of events and are believed to be a good approximation of the final figure.

2. The Infant Mortality Reduction Plan Report lists numerous activities accomplished and in progress during the first three years (2012-2015) of this effort. The report will be available by early spring.

3. Special Care Nurseries care for babies requiring intermediate care services after birth. These are not your sickest newborns, but they need additional care and specialty services to support their survival and thriving into infancy.

13 hospitals acquired a Special Care Nursery certificate.
Michigan now follows the latest national evidence-based, best practice guidelines for improving care to our littlest residents.

Two new published research studies evaluating Michigan's home visiting program for Medicaid beneficiaries, Maternal Infant Health Program, continue to support the program's effectiveness.

Rural Home Visiting

- New funding appropriated in FY2015
- Directed to 3 rural Prosperity Regions – Upper Peninsula, Northwest, and Northeast
- Local agencies are providing evidence-based home visiting services -Healthy Families America model
- 15 new home visitors are trained and actively enrolling families
- All 3 regions working as a Quality Improvement collaborative - successful outreach, enrollment & retention strategies
- Services will promote participation in well-child visits & healthier outcomes

[Speaker Notes For Slide: 20]

In FY15:
Across the three regions (Prosperity Regions 1, 2, and 3), the new Healthy Families America programs have already had contact with over 330 families. Of those, 162 are engaged in the enrollment process for these new programs

The funding is fully allocated this year.

Funding is directed to Regions 1, 2 and 3
--The Healthy Families America model selected independently in each region by a regional stakeholder group
--Regional stakeholders also identified the agency in each region who would hold the contract and take responsibility for implementation
--Original appropriation of $2.25 million for FY2015, reduced to $1.70 million in FY2016, with a work project to carry forward unspent funding from FY2015.
--Special project submitted for FY2017 to restore to original appropriation.
The services will facilitate healthier outcomes for the children and families involved.

Million Hearts

- Million Hearts® - a national program to prevent 1 million heart attacks and strokes
- Improve access to effective care
- Prevention of heart attack and stroke
- Improve use of health technology
- Identify patients with high blood pressure
- Assist patients in managing high blood pressure

[Speaker Notes For Slide: 22]

Heart disease is the number one leading cause of death in Michigan, and stroke is number four.
High blood pressure is the number one modifiable risk factor for both stroke and congestive heart failure. Those with uncontrolled hypertension are most at risk for heart attack, heart failure, stroke and kidney disease.

Michigan is a Million Hearts state. Million Hearts is a national initiative to prevent one million heart attacks and strokes by 2017.

Other strategies include collaborating with public and private sector partners to a) improve use of electronic health technology and team-based care in health systems to increase identification of patients with high blood pressure and assist patients to manage high blood pressure, b) increase community-clinical linkages of resources to address hypertension control, and c) improve the quality of stroke care for patients across the entire continuum of care (i.e., before they get to the hospital, while they are in the hospital and after they leave the hospital to prevent stroke reoccurrence).

Tobacco

- Tobacco is the leading cause of preventable death and disease in MI
- 21.4% of MI adults and 11.8% of MI high school students currently smoke cigarettes
- E-cigarettes are a growing problem among youth
- In 2014, e-cigarettes became the most commonly used tobacco product among youth
- Most e-cigarettes contain nicotine and may lead youth to a lifetime tobacco addiction

24

[Speaker Notes For Slide: 24]

Heart Disease, Cancer, Stroke, and COPD are the four leading causes of death in Michigan and all associated with smoking.

According to a 2016 CDC Vital Signs Report, E-cigarettes typically deliver nicotine, which at a young age may cause lasting harm to brain development, promote addiction, and lead to sustained tobacco use. surpassing conventional cigarettes. During 2011 to 2014, current e-cigarette use among high school students soared from 1.5 percent to 13.4 percent, and among middle school students from 1.6 percent to 3.9 percent. Spending on e-cigarette advertising rose from $6.4 million in 2011 to an estimated $115 million in 2014.

Other key findings in the Vital Signs report show that: More than half of high school students (8.3 million) saw e-cigarette ads in retail stores, and more than 6 million saw them on the Internet.
More than half of middle school students (6 million) saw e-cigarettes ads in retail stores, and more than 4 million saw them on the Internet.
About 15 percent of all students (4.1 million) saw e-cigarette ads from all four sources: retail stores, the Internet, TV/movies, and magazines/newspapers.

Public Health Response in Flint

2015 Supplemental Funding focused on:

- Increasing blood lead testing
- Nurse Case Management of children with elevated lead levels
- Environmental Blood Lead (EBL) investigations
- Epidemiology and Toxicology Support

[Speaker Notes For Slide: 26]

The initial supplemental funding of $850,000 focused mainly on these four items listed. We are working in concert with many state and external partners. The next few slides provide detail on our Public Health response in Flint.

Enhanced Blood Lead Level Testing

- MDHHS is working with local partners to ensure all children are tested for lead
- Medicaid and WIC require testing for children ages 1 and 2
- MDHHS issued a Health Alert Network notification to Flint providers advising blood lead testing for all children 0-6
- MDHHS is working with local primary care providers & WIC clinics to increase lead screening for children

[Speaker Notes For Slide: 28]

Many children in Flint have health benefits through the Medicaid program. MDHHS is coordinating with the Michigan Medicaid Health Plans to promote lead testing efforts.
Additionally, a technical workgroup comprised of Medicaid data and public health surveillance experts are meeting to develop Medicaid specific EBLL testing goals.
MDHHS Chief Medical Executive Dr. Eden Wells is in regular communication with Dr. Mona Hanna-Attisha and other local and national experts regarding the Flint Water Crisis.

Nurse Case Management Services

Lead Case Management: child health assessment, nutrition counseling, education about lead, visual assessment of the home, developmental screening and community service referrals for children with elevated blood lead levels (EBL).

- October supplemental funding for Case Management (CM) services for Flint children with EBL
- GCHD hired 3.5 FTE nurses to provide CM visits
- Assure CM and in-home nurse follow-up services for all Medicaid-enrolled children with EBL
- MDHHS holds weekly status calls with the GCHD CM staff

[Speaker Notes For Slide: 30]

The Michigan Department of Health and Human Services is partnering with the Genesee County Health Department to ensure families are being offered case management support.
Additional state funds were allocated to the Genesee County Health Department to supplement their case management efforts. These state dollars paid for three and half full-time employees – nurses who are trained to provide education and assistance to families of Flint children with elevated blood lead levels – to work directly in the community. Up to mid-January, a total of 192 contacts have been attempted to start case management. MDHHS provides limited funding to 3 Health Departments with the highest number of lead cases (Detroit, Wayne, Kent), to wrap around the Medicaid billing
using State funds.
----MDHHS holds weekly status calls with the GCHD Case Management staff

Population Health, Medical Services Administration, and Medicaid Health Plans are working together to develop procedures, training and billing codes to assure that CM and in-home nurse follow-up services will be available for all Medicaid-enrolled children with an EBL.

Local Health Departments have the option to provide in-home CM services for a child enrolled in Medicaid; Medicaid pays for 2 nurse home visits.

Environmental Blood Lead Investigations

- Home investigation is a resource offered to families where elevated blood lead level has been detected
- Environmental investigations help identify potential lead sources
- 21 EBL investigations have been completed as of 1-25-16
- Potential sources of lead include:
  - dust
  - soil
  - paint
  - water

[Speaker Notes For Slide: 32]

Overseeing the elevated blood lead level investigations and working with families to abate lead hazards

Lead Abatement

Lead Safe Home Program

- 192 homes abated in MI Fiscal Year 2015
- 7 homes were abated in Flint Fiscal Year 2015
- Approximately 58 additional homes completed or ready for construction in Fiscal Year 2016
- Bidding an additional 15-20 units per month
- 470 applications for assistance received since 10/1/14

[Speaker Notes For Slide: 34]

Lead abatement is done in homes after EBL investigation tests and confirms all sources of lead. This work may involve: replacing dry wall, windows, faucets, and cleaning of any surfaces with lead.

This work is done through building contractors. The funding for abatement of homes was not included in the 2015 supplemental request.

Community Health Emergency Coordination Center (CHECC)

The CHECC is MDHHS' emergency response arm, coordinating the Department's response to public health emergencies.

The CHECC is now activated to a level 2 to assist with state and local response efforts:

- Subject matter expertise – provision, coordination, and support
- Coordinating communications
- Outreach to healthcare providers
- Link to state and federal resources to support response efforts
- Support to Genesee County Health Department

[Speaker Notes For Slide: 36]

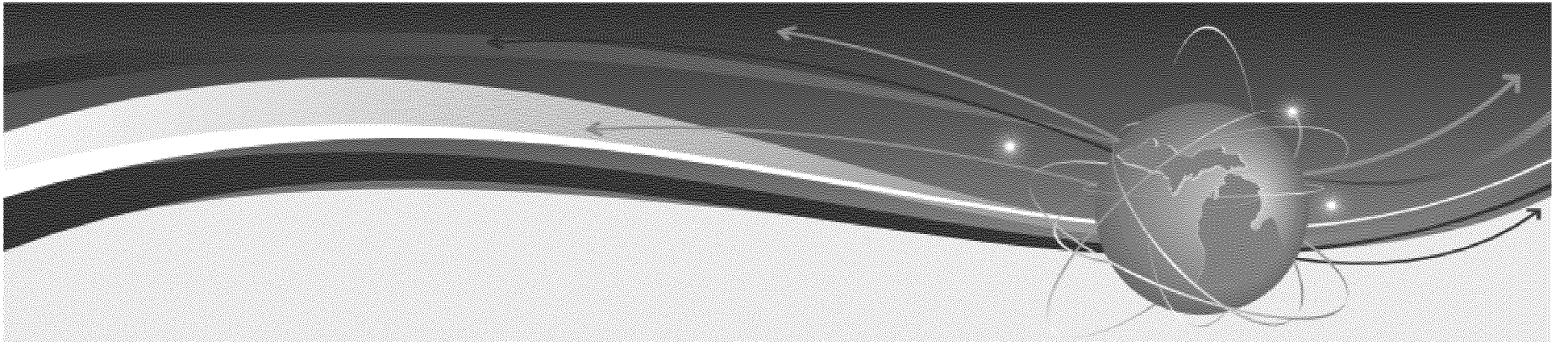
With support from the CHECC, MDHHS is providing subject matter expertise including: epidemiology, childhood lead prevention program, healthcare provider outreach, MDHHS Chief Medical Executive, and disaster behavioral support.

Through a partnership with Medscape/WebMD, the CHECC sent electronic messages to over 80,000 healthcare providers in Flint with enhanced guidelines for blood lead level testing for children.

The CHECC worked with the U.S. Department of Health and Human Services (HHS) to identify residents in and around Flint who rely on electrically powered medical equipment, such as dialysis or electronic wheelchairs, to ensure these citizens who may not otherwise have access, are able to receive water and filters.

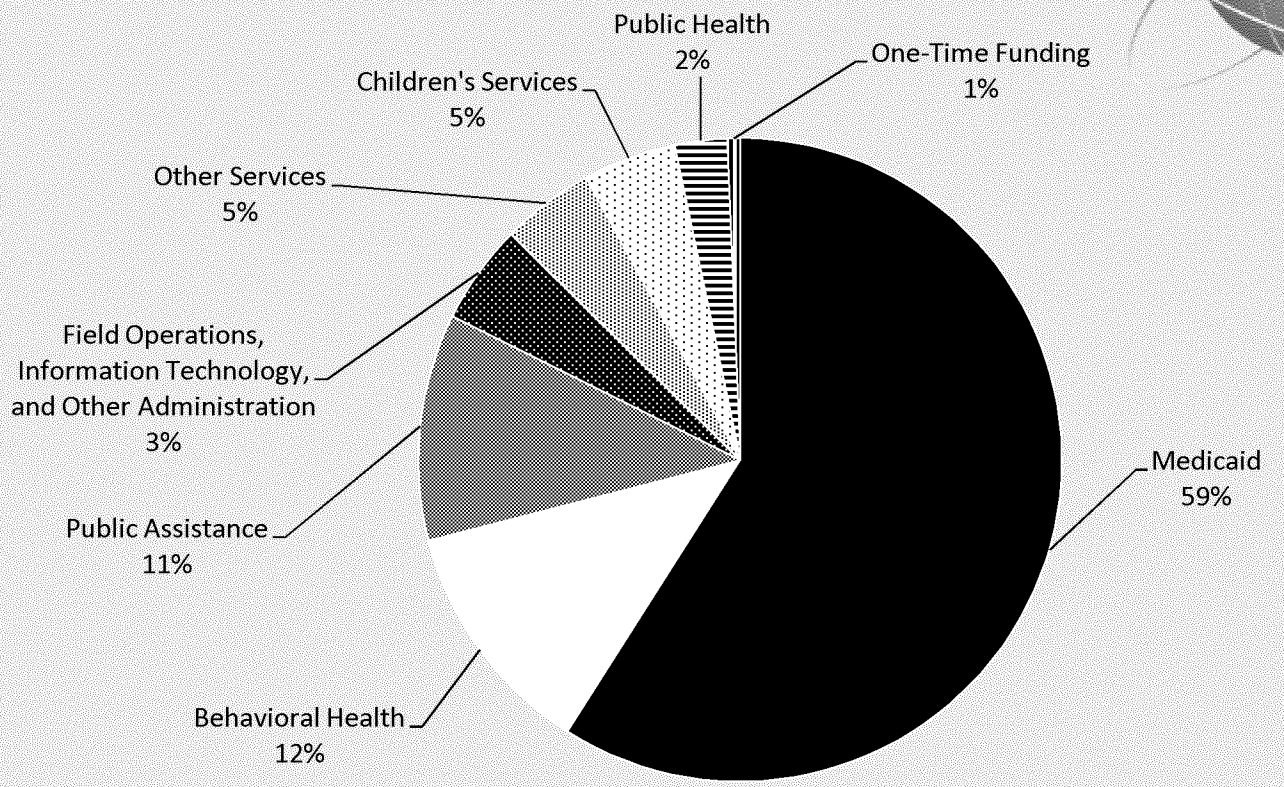
The CHECC is working to access federal resources that Michigan is eligible for through SAMHSA (Substance Abuse and Mental Health Services Administration) to help Flint residents who may need behavioral health/ crisis counseling support. This effort is coordinated with the Michigan Department of Education to expand the reach of behavioral health resources to schools.

The CHECC established an emergency hotline staffed with trained personnel to respond to health-related calls from the public. The hotline was established to support the GCHD as calls from the public surged.



Governor Snyder's FY17 Recommendation

MDHHS 2017 Budget Recommendations
(in millions)



Population Health: 2% of DHHS budget
$651.5 M Gross
$ 73.9 M GF/GP

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

39

MDHHS 2017 Program Investments and Other Adjustments
(in millions)

Resources for the People of Flint

Continues programming intended to evaluate and assist those affected by lead contamination, including longer-term issues.

Provides $7.2 M Gross, $6.7 M GF/GP to:

- Support lead testing and follow up ($1.7 M Gross, $1.2 M GF/GP).
- Provide nutritional support ($5.1 M Gross, $5.1 M GF/GP).
- Provide school based initiative ($0.2 Gross, $0.2 GF/GP).
- Data/metrics ($0.2 Gross, $0.2 GF/GP).

40

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

MDHHS Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR : NICK LYON, DIRECTOR

41

[Speaker Notes For Slide: 41]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April or early May to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Population Health and Community Services Administration
Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

Susan Moran, Senior Deputy Director,
Population Health and Community Services Administration
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Population Health and Community Services Administration
Six Department Strategic Priorities

Children

Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.

Adults

Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.

Family Support

Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.

Health Services

Transform the healthcare system and behavioral health coordination to improve outcomes for residents.

Population Health

Promote and protect the health, wellness, and safety of all Michigan residents.

Workforce

Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

[Speaker Notes For Slide: 3]

To accomplish these priorities, the Michigan Department of Health and Human Services has established metrics on more than 150 internal scorecards and on the Public Health and Wellness dashboard to ensure we are meeting the needs of all Michigan residents throughout their lifetimes by addressing the root issues preventing them from achieving self-sufficiency.

PHCSA focuses on 5 of the 6 priorities listed here.

Population Health and Community Services Administration

Six Bureaus:

- Bureau of Local Health and Administrative Services
- Bureau of Family, Maternal, and Child Health
- Bureau of Laboratories
- Bureau of Disease Control, Prevention, and Epidemiology
- Bureau of EMS, Trauma, and Preparedness
- Bureau of Community Services

Michigan's Local Health Departments

45 Independent Public Health Partners

Identify and Manage Chronic, Infectious, and Environmental Conditions

Basic Services

Hearing and Vision Screening

Vaccine Delivery

Communicable Disease Identification and Treatment

Restaurant Inspections

Safe Drinking Water Provision

Family Planning Service Delivery

Chronic Disease Prevention and Management

Other Services

Medical Examiner Office, Aging Services, Veterans Affairs,

Substance Use Disorder, Lead Testing/Inspections/Abatement

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

[Speaker Notes For Slide: 6]

Michigan's 45 Local Health Departments, independently managed by County government, are the backbone of public health delivery.

Critical programs addressing chronic, infectious and environmental issues are jointly administered with our colleagues in the Michigan Departments of Agriculture and Rural Development and Environmental Quality.

Local health departments touch all Michigan residents. All provide basic services, such as checking young children for hearing and vision anomalies, providing life saving vaccinations, assuring communicable diseases are identified and managed, working with restaurant owners to provide safe food, insuring safe drinking water from wells, administering family planning programs, and providing for chronic disease prevention, education, and management.

All the local health departments have additional services, depending on local needs and resources. Many oversee services such as the Medical Examiners Office, Offices on Aging, Veterans Affairs, Substance Use Disorder Education, and Lead Testing, Inspection and Abatement programs.

Community Action Agencies

Michigan CAAs provide services to 201,864 low-income individuals in 109,377 families*

Vulnerable populations served by Michigan CAAs included:

53,223 children



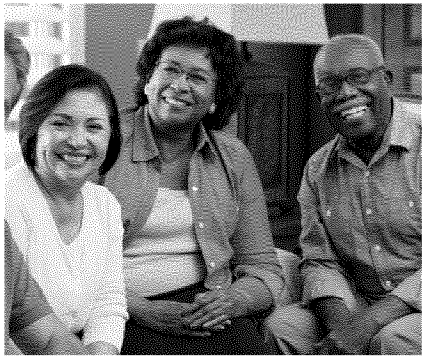
26,927 people with disabilities



12,915 people who lacked health insurance



56,727 seniors



MDHHS Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

* 2015 Community Services Block Grant Annual Report
MDHHS Bureau of Community Action & Economic Opportunity

[Speaker Notes For Slide: 8]

Community Action is unique in its comprehensive approach to alleviating poverty. Community Action Agencies provide a wide variety of services and develop community partnerships, involve low-income customers in their operations, and coordinate an array of services within their community. Community Action Agency's services include programs that address education, emergency services, employment, health, housing, utility assistance, weatherization assistance, linkages, income management, nutrition, and self-sufficiency.

As an example, Genesee County Community Action Resource Department (GCARD), made significant contributions to its community in 2015. As a first responder to the Flint Water Crisis, GCCARD provided warehousing and inventory resources for 20,000 water filters and also the coordination and distributing water filters to the public at four distribution sites. GCCARD's assistance provided 16,000 Flint residents with water filters, basic safety instructions, installations to home bound seniors, and delivery of filters to MDHHS local offices to replenish their supplies. GCCARD is currently working with the Red Cross, National Guard, MDHHS, Correction's Volunteers, United Way, and many others as this crisis has accelerated to a National Disaster.

The slide shows data from the 2015 State CSBG Factsheet for Michigan (FY2014 Data). Approximately 201,864 low-income individuals in 109,377 families were provided services addressing 645,051 indicators of movement towards self-sufficiency. The highest indicators listed in the 2015 report were addressing emergency assistance (approximately 40%) and addressing child and family development and family stability (approximately 38%). The types of indicators correlate with the population served; 53,223 children, 26,927 people with disabilities, 12,915 people who lacked health insurance, and 56,727 seniors. Nearly 72% of Head Start Children in Michigan are served through a community action agency.

Population Health Priorities

- Immunizations
- Nutrition, Physical Activity and Obesity
- Healthy Babies
- Heart Disease and Stroke
- Tobacco
- Public Health Response in Flint

[Speaker Notes For Slide: 10]

We're working closely with our external partners on the five priorities shown here. Our goal is to help all Michiganders lead healthier and more productive lives, no matter their stage in life.

To keep pace with emerging public health challenges and to address the leading causes of death and disability, PHCSA is focusing on the five public health priorities with large-scale impact on health and with known, effective strategies to intervene. We are attempting to rally resources and partnerships to accelerate a measurable impact on health.

The next few slides contain information on the priorities shown here.

Immunization

- 74% of children 19-35 months in MCIR completed recommended vaccine doses.
- 1,553,666 doses of vaccine valued at $87,526,676 distributed through Vaccine for Children Program to providers.
- 118,244,255 doses of vaccine given to 9,414,204 Michiganders now in MCIR.
- Administrative Rules amended in 2014 require education at the time a nonmedical waiver is signed. Results so far:
  - ✓ **1.80% decrease** in immunization waivers (4.60% to 2.80%) for schools representing a **39.13% decrease** in statewide wavier rates

[Speaker Notes For Slide: 12]

Although Michigan has a nationally recognized vaccine tracking system (The MCIR) our rates are lower than we'd like. We work with the private sector to administer vaccines through the VFC Program.

Amended Administrative Rules went into effect in January of 2015 which required a parent requesting a nonmedical exemption for vaccinations for school or childcare entry, to meet with local health department staff to discuss their decision not to vaccinate. This conversation is an opportunity for parents to express their concerns about vaccinations receive the most recent information about the benefits of vaccinations for the student and the community. Physician offices do not have the time to have these discussions with parents and respond to the questions they may have about vaccines. This rule did not take away the parents ability to sign an immunization waiver. The requirement has already decreased the statewide waiver rates. 1.80% decrease in the percentage of children receiving an immunization waiver (4.60% to 2.80%) for schools representing a 39.13% decrease in the statewide wavier rates.

Obesity, Physical Activity and Nutrition

- Obesity is a leading cause of preventable death
- Obese adults often suffer heart disease, stroke, diabetes, asthma, and arthritis
- Obesity rates have leveled off over the past few years, but more efforts are needed
- The *Governor's* 4 x 4 plan:
  - Increase healthy eating & active living
  - Policy & environmental change strategies
  - Building partnerships and coalitions

[Speaker Notes For Slide: 14]

2.4 million adults are currently obese in Michigan.
In 2013, 271,000 Michigan high school students were either overweight or obese.

To reduce those rates we've established 4 x 4 Local Coalitions to implement policy and environmental change.

We make the healthy choice easier in workplace environments across the State of Michigan by:
Promoting Designing Healthy Environments at Work (DHEW) assessment and action plans.

And by providing opportunities for employees to be physically active during the workday
Ensure that healthy food options are available in vending, cafeterias, meetings, and events
Provide stress reduction opportunities and strive to create a lower stress environment
Provide an environment free of second-hand smoke and provide help and encouragement for tobacco users to quit
And lastly by promoting the Healthy School Action Tools(HSAT) assessment and action plan –used by schools.

Child & Adolescent Health Centers

- 100 school based/linked health centers, medically underserved schools and communities
- Client centered primary & behavioral health care - K-12 students
- In 2015, **90%** of clients with BMI at or above 85th percentile received counseling for nutrition and physical activity
- CAHCs provide:
  - physical activity and nutrition education
  - 1-1 dietitian services & family intervention as needed
  - support groups- eating disorders, healthy eating, positive body image
  - ongoing management of clinical obesity within a healthcare setting

[Speaker Notes For Slide: 16]

The Child & Adolescent Health Center program provides a unique opportunity to address childhood overweight and obesity in high need medically under-served communities, within the context of a primary care visit.
Nurse Practitioners, Social Workers, Dietitians, and Health Educators within these centers provider client centered primary and behavioral health care to K-12 students
In 2015, 90% of clients with BMI at or above 85th percentile received counseling for nutrition and physical activity. This reflects a 35% increase since 2012, the 1st year we collected data on this measure – Note (this is a PCMH indicator – not sure if that's worth pointing out)
These centers also provide a range of supportive services including:
Individual and group education
1-1 dietitian services
Family intervention services if appropriate (e.g. helping families understand the role of good nutrition in promoting the health of their child, developing nutrition care plans, etc.)
Support groups on topics such as self esteem/positive body image, eating disorders, and/or healthy eating.
Our centers also contribute to a healthy school environment, by providing school wide promotional activities, participating in school improvement teams, contributing to school wide policies, and being a health champion within the school.

Infant Mortality Reduction

- MI's 2014 infant mortality rate lowest on record at 6.6 per 1,000 births.
- The Infant Mortality Reduction Plan emphasized 9 key strategies.
- Certificate of Need requirement for Special Care Nurseries in birthing hospitals.
- Collaborations with birthing hospitals:
    - Referrals to evidenced-based home visiting programs
    - Provide information and education on safe sleep practices

[Speaker Notes For Slide: 18]

Talking Points
1. This rate is consistent with a decreasing trend. The rates for 2013 – 7.0 and 2012 – 7.0. The lowest single year rate ever achieved by the state is 6.6 (2011). This preliminary rate was developed to provide an early indication of events and are believed to be a good approximation of the final figure.

2. The Infant Mortality Reduction Plan Report lists numerous activities accomplished and in progress during the first three years (2012-2015) of this effort. The report will be available by early spring.

3. Special Care Nurseries care for babies requiring intermediate care services after birth. These are not your sickest newborns, but they need additional care and specialty services to support their survival and thriving into infancy.

13 hospitals acquired a Special Care Nursery certificate.
Michigan now follows the latest national evidence-based, best practice guidelines for improving care to our littlest residents.

Two new published research studies evaluating Michigan's home visiting program for Medicaid beneficiaries, Maternal Infant Health Program, continue to support the program's effectiveness.

Rural Home Visiting

- New funding appropriated in FY2015
- Directed to 3 rural Prosperity Regions – Upper Peninsula, Northwest, and Northeast
- Local agencies are providing evidence-based home visiting services -Healthy Families America model
- 15 new home visitors are trained and actively enrolling families
- All 3 regions working as a Quality Improvement collaborative - successful outreach, enrollment & retention strategies
- Services will promote participation in well-child visits & healthier outcomes

[Speaker Notes For Slide: 20]

In FY15:
Across the three regions (Prosperity Regions 1, 2, and 3), the new Healthy Families America programs have already had contact with over 330 families. Of those, 162 are engaged in the enrollment process for these new programs

The funding is fully allocated this year.

Funding is directed to Regions 1, 2 and 3
--The Healthy Families America model selected independently in each region by a regional stakeholder group
--Regional stakeholders also identified the agency in each region who would hold the contract and take responsibility for implementation
--Original appropriation of $2.25 million for FY2015, reduced to $1.70 million in FY2016, with a work project to carry forward unspent funding from FY2015.
--Special project submitted for FY2017 to restore to original appropriation.
The services will facilitate healthier outcomes for the children and families involved.

Million Hearts

- Million Hearts® - a national program to prevent 1 million heart attacks and strokes
- Improve access to effective care
- Prevention of heart attack and stroke
- Improve use of health technology
- Identify patients with high blood pressure
- Assist patients in managing high blood pressure

[Speaker Notes For Slide: 22]

Heart disease is the number one leading cause of death in Michigan, and stroke is number four.
High blood pressure is the number one modifiable risk factor for both stroke and congestive heart failure. Those with uncontrolled hypertension are most at risk for heart attack, heart failure, stroke and kidney disease.

Michigan is a Million Hearts state. Million Hearts is a national initiative to prevent one million heart attacks and strokes by 2017.

Other strategies include collaborating with public and private sector partners to a) improve use of electronic health technology and team-based care in health systems to increase identification of patients with high blood pressure and assist patients to manage high blood pressure, b) increase community-clinical linkages of resources to address hypertension control, and c) improve the quality of stroke care for patients across the entire continuum of care (i.e., before they get to the hospital, while they are in the hospital and after they leave the hospital to prevent stroke reoccurrence).

Tobacco

- Tobacco is the leading cause of preventable death and disease in MI
- 21.4% of MI adults and 11.8% of MI high school students currently smoke cigarettes
- E-cigarettes are a growing problem among youth
- In 2014, e-cigarettes became the most commonly used tobacco product among youth
- Most e-cigarettes contain nicotine and may lead youth to a lifetime tobacco addiction

[Speaker Notes For Slide: 24]

Heart Disease, Cancer, Stroke, and COPD are the four leading causes of death in Michigan and all associated with smoking.

According to a 2016 CDC Vital Signs Report, E-cigarettes typically deliver nicotine, which at a young age may cause lasting harm to brain development, promote addiction, and lead to sustained tobacco use. surpassing conventional cigarettes. During 2011 to 2014, current e-cigarette use among high school students soared from 1.5 percent to 13.4 percent, and among middle school students from 1.6 percent to 3.9 percent. Spending on e-cigarette advertising rose from $6.4 million in 2011 to an estimated $115 million in 2014.

Other key findings in the Vital Signs report show that: More than half of high school students (8.3 million) saw e-cigarette ads in retail stores, and more than 6 million saw them on the Internet.
More than half of middle school students (6 million) saw e-cigarettes ads in retail stores, and more than 4 million saw them on the Internet.
About 15 percent of all students (4.1 million) saw e-cigarette ads from all four sources: retail stores, the Internet, TV/movies, and magazines/newspapers.

Public Health Response in Flint

2015 Supplemental Funding focused on:

- Increasing blood lead testing
- Nurse Case Management of children with elevated lead levels
- Environmental Blood Lead (EBL) investigations
- Epidemiology and Toxicology Support

[Speaker Notes For Slide: 26]

The initial supplemental funding of $850,000 focused mainly on these four items listed. We are working in concert with many state and external partners. The next few slides provide detail on our Public Health response in Flint.

Enhanced Blood Lead Level Testing

- MDHHS is working with local partners to ensure all children are tested for lead
- Medicaid and WIC require testing for children ages 1 and 2
- MDHHS issued a Health Alert Network notification to Flint providers advising blood lead testing for all children 0-6
- MDHHS is working with local primary care providers & WIC clinics to increase lead screening for children

[Speaker Notes For Slide: 28]

Many children in Flint have health benefits through the Medicaid program. MDHHS is coordinating with the Michigan Medicaid Health Plans to promote lead testing efforts.
Additionally, a technical workgroup comprised of Medicaid data and public health surveillance experts are meeting to develop Medicaid specific EBLL testing goals.
MDHHS Chief Medical Executive Dr. Eden Wells is in regular communication with Dr. Mona Hanna-Attisha and other local and national experts regarding the Flint Water Crisis.

Nurse Case Management Services

Lead Case Management: child health assessment, nutrition counseling, education about lead, visual assessment of the home, developmental screening and community service referrals for children with elevated blood lead levels (EBL).

- October supplemental funding for Case Management (CM) services for Flint children with EBL
- GCHD hired 3.5 FTE nurses to provide CM visits
- Assure CM and in-home nurse follow-up services for all Medicaid-enrolled children with EBL
- MDHHS holds weekly status calls with the GCHD CM staff

[Speaker Notes For Slide: 30]

The Michigan Department of Health and Human Services is partnering with the Genesee County Health Department to ensure families are being offered case management support.
Additional state funds were allocated to the Genesee County Health Department to supplement their case management efforts. These state dollars paid for three and half full-time employees – nurses who are trained to provide education and assistance to families of Flint children with elevated blood lead levels – to work directly in the community. Up to mid-January, a total of 192 contacts have been attempted to start case management. MDHHS provides limited funding to 3 Health Departments with the highest number of lead cases (Detroit, Wayne, Kent), to wrap around the Medicaid billing
using State funds.
----MDHHS holds weekly status calls with the GCHD Case Management staff

Population Health, Medical Services Administration, and Medicaid Health Plans are working together to develop procedures, training and billing codes to assure that CM and in-home nurse follow-up services will be available for all Medicaid-enrolled children with an EBL.

Local Health Departments have the option to provide in-home CM services for a child enrolled in Medicaid; Medicaid pays for 2 nurse home visits.

Environmental Blood Lead Investigations

- Home investigation is a resource offered to families where elevated blood lead level has been detected
- Environmental investigations help identify potential lead sources
- 21 EBL investigations have been completed as of 1-25-16
- Potential sources of lead include:
  - dust
  - soil
  - paint
  - water

[Speaker Notes For Slide: 32]

Overseeing the elevated blood lead level investigations and working with families to abate lead hazards

Lead Abatement

Lead Safe Home Program

- 192 homes abated in MI Fiscal Year 2015
- 7 homes were abated in Flint Fiscal Year 2015
- Approximately 58 additional homes completed or ready for construction in Fiscal Year 2016
- Bidding an additional 15-20 units per month
- 470 applications for assistance received since 10/1/14

[Speaker Notes For Slide: 34]

Lead abatement is done in homes after EBL investigation tests and confirms all sources of lead. This work may involve: replacing dry wall, windows, faucets, and cleaning of any surfaces with lead.

This work is done through building contractors. The funding for abatement of homes was not included in the 2015 supplemental request.

Community Health Emergency Coordination Center (CHECC)

The CHECC is MDHHS' emergency response arm, coordinating the Department's response to public health emergencies.

The CHECC is now activated to a level 2 to assist with state and local response efforts:

- Subject matter expertise – provision, coordination, and support
- Coordinating communications
- Outreach to healthcare providers
- Link to state and federal resources to support response efforts
- Support to Genesee County Health Department

[Speaker Notes For Slide: 36]

With support from the CHECC, MDHHS is providing subject matter expertise including: epidemiology, childhood lead prevention program, healthcare provider outreach, MDHHS Chief Medical Executive, and disaster behavioral support.

Through a partnership with Medscape/WebMD, the CHECC sent electronic messages to over 80,000 healthcare providers in Flint with enhanced guidelines for blood lead level testing for children.

The CHECC worked with the U.S. Department of Health and Human Services (HHS) to identify residents in and around Flint who rely on electrically powered medical equipment, such as dialysis or electronic wheelchairs, to ensure these citizens who may not otherwise have access, are able to receive water and filters.

The CHECC is working to access federal resources that Michigan is eligible for through SAMHSA (Substance Abuse and Mental Health Services Administration) to help Flint residents who may need behavioral health/ crisis counseling support. This effort is coordinated with the Michigan Department of Education to expand the reach of behavioral health resources to schools.

The CHECC established an emergency hotline staffed with trained personnel to respond to health-related calls from the public. The hotline was established to support the GCHD as calls from the public surged.

MDHHS 2017 Program Investments and Other Adjustments
(in millions)

Resources for the People of Flint

Continues programming intended to evaluate and assist those affected by lead contamination, including longer-term issues.

Provides $7.2 M Gross, $6.7 M GF/GP to:

- Support lead testing and follow up ($1.7 M Gross, $1.2 M GF/GP).
- Provide nutritional support ($5.1 M Gross, $5.1 M GF/GP).
- Provide school based initiative ($0.2 Gross, $0.2 GF/GP).
- Data/metrics ($0.2 Gross, $0.2 GF/GP).

MDHHS 2017 Budget Recommendations
(in millions)

(Table to be inserted here by DHHS Budget)

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 40]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April or early May to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



Children's Services Agency

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

Steve Yager, Senior Deputy Director, Children's Services Agency
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR • NICK LYON, DIRECTOR

Agenda

- Children's Services Vision and Mission
- Current Goals: Permanency and Safety
- Program Descriptions
- Update on Federal Consent Decree
- Successes and Challenges
- Budget Recommendations
- Contacts/Questions

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Children's Services Vision and Mission

Vision: DHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

Mission: Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

Flint Water Situation

- Contacted each provider and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all providers regarding expectation for safe water at all times.

Flint Water Situation

- Initiated blood testing for all children under the age of 6 who live in the city of Flint.
- Informed caregivers of children age 6 or over living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children no longer residing in Flint but who may have been impacted and continue to be under MDHHS care and supervision:
  - Notification sent to caretaker.
  - Initiated blood testing for children under the age of 6.
  - For children age 6 and over, informed caregivers to inform the primary care physician of the child's possible lead exposure at their next primary care appointment.

Flint Water Situation

- Notifications sent to caregivers of children who were placed in Flint and are no longer under MDHHS care and supervision.
- CPS workers will ensure safe water in all homes encountered as a function of a CPS investigation or ongoing service cases.
- Increased staffing in Genesee County.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.

Children's Services Agency

- The Children's Services Agency oversees all child welfare services for children and their families.
- Children's Services directly employees approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
- The Children's Services Agency oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.

Meeting Federal Child Welfare Goals

SAFETY

- (Absence of) Recurrence of Maltreatment within 6 months
  - Goal = 94.6% Recent Score =93.5%
- (Absence of) Maltreatment in Foster Care
  - Goal = 99.68% Recent Score = 99.64%

Meeting Federal Child Welfare Goals

PERMANENCY

- *Timeliness & Permanency of Reunification*
  - Goal = 122.6 Recent Score = 111.3
- *Timeliness to Adoption*
  - Goal = 106.4 Recent Score = 124.2
- *Permanency for Children in Foster Care for Long Periods*
  - Goal = 121.7 Recent Score = 140.5
- *Placement Stability in Foster Care*
  - Goal = 101.5 Recent Score = 105.9

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR • NICK LYON, DIRECTOR

Program Description: Children's Protective Services

Children's Protective Services investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare.

Children's Protective Services also provides services to prevent removal from the parental home.

CPS Statistics: Fiscal Year 2015

- Complaints received: 157,417
- Complaints investigated: 92,729
  - (59% of complaints received)
- Substantiated complaints: 23,813 (Category I and II)
  - (26% of assigned investigations, 15% of all complaints received)
- Number of children removed from parent: 5,810

Program Description: Foster Care

Foster Care Programs:

- Provides placement and supervision of children who have been removed via the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensure the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.

[Speaker Notes For Slide: 13]

MDHHS and Private Agencies…

- Work with parents to rectify conditions that led to the child's removal.
  - Provision of services
    (substance abuse programming, parenting education, mental health treatment, etc.)
  - Facilitate frequent parent-child visits
- Supervise child in out-of-home placement to ensure well-being & provision of necessary services.

MDHHS and Private Agencies…

- Monitor parents' progress and compliance with services on a regular basis.
- Report to the court every 3 months as to parents' progress.
- Make recommendations regarding reunification, termination of parental rights, or alternate permanency plans.

Children in Foster Care Statistics

- **MDHHS is responsible for supervision of 12,873 children as of December 31, 2015 down from 18,016 in 2008.**

  - 35% are placed in unrelated, licensed foster homes
  - 32% are placed with relatives (licensed & unlicensed)
  - 16% are being supervised in their own homes
  - 17% are placement in other placements types

Program Description: Adoption Services

Adoption Services Programs provide the adoptive placement of state and permanent court wards.

- 80% of the number of children available for adoption were adopted in 2015.*
- More than 1,700 children were adopted in 2015.
- Eight Post Adoption Resource Centers provide services statewide.

*Number is estimated because the 2015 number has not yet been finalized.

Program Description: Adoption Assistance Programs

Adoption Assistance Programs provide adoption assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administer approximately $229 million serving approximately 26,500 children each year.

Program Description: Child Welfare Licensing

Child Welfare Licensing protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
- Child Placing Agencies
- Children's Foster Homes
- Court Operated Facilities

The Child Welfare Licensing division regulates 6,838 facilities above.

Program Description:
Juvenile Justice Programs

Juvenile Justice Programs provide community based programs and supervision for juvenile justice youth referred or committed to MDHHS. Youth placed in state-operated and private residential facilities are also provided assessments and services.

Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.

Program Description: Children's Trust Fund

Children's Trust Fund also known as the State Child Abuse and Neglect Prevention Board, is an independent, autonomous nonprofit organization created by Public Act 250 of 1982.

- CTF serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect.
- CTF's purpose is to prevent child abuse and raise awareness of prevention through community-based programs.

Program Description: Family Support Subsidy

The Family Support Subsidy (FSS) Program provides a monthly subsidy to families that include children with severe developmental disabilities.

- The subsidy assists to keep families together and reduce the demand for state-provided out-of-home services.
- In FY14, the program served 6,695 children. Only 18 children (0.3 percent) were placed out of home during FY14.
- The FSS was established as an entitlement program subject to qualification of participants.

Children's Behavioral Action Team (CBAT)

- The CBAT is responsible for overseeing development of collaborative transition plans to support 50 extremely complex children/youth to be discharged from Hawthorn Center to return home to their families.

- The target population includes children/youth with serious emotional disturbance, ages 5 to 18 currently residing in Hawthorn Center.

Children's Behavioral Action Team (CBAT)

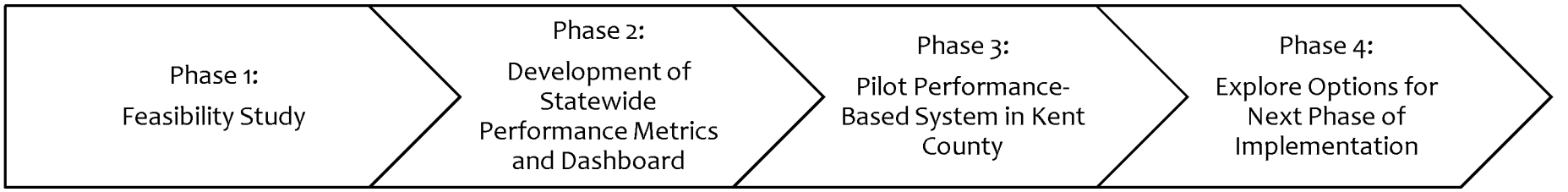
Outcome data as of December 31, 2015:

24 children/youth are receiving CBAT services representing 14 counties throughout the State, 6 have yet to be discharged from Hawthorn and 18 have been discharged.

- Of the 18 children/youth discharged:
  - 15 (83%) remain in the community and 3 (17%) are currently in residential placements.
  - 75% have remained completely out of psychiatric inpatient care.
  - Seven psychiatric readmissions for five children/youth since March 2015, with 5 successful transitions back to the community.

- The number of days a child/youth served by CBAT spent in any psychiatric hospital post discharge from Hawthorn has been reduced by 65-70%.

The Journey to Performance Based Funding in Michigan



- Method of implementing services to children and families that incentivize positive outcomes for children and families
- Officially initiated in 2013 by the Michigan legislature.
- Organized into the four phases in the chart above.

MDHHS
Michigan Department of Health & Human Services

Performance Based Funding

- Development of a data-driven draft Kent County case rate and payment methodologies.
- MDHHS staff at all levels are engaging in the pilot development to help ready the state for the pilot, by identifying potential barriers and solutions.
- Strong collaboration between various levels of MDHHS state staff and the West Michigan Partnership for Children.

Update on Federal Consent Decree

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan (ISEP) which replaces the Modified Settlement Agreement (MSA).
- Reduction from 238 monitored requirements to 70 monitored requirements.

Update on Federal Consent Decree

- Focus on safety, permanency and well-being.

- Key metrics include:
  - Safety: Maltreatment in Care, Recurrence and CPS
  - Health: Medicals, Dentals and Informed Consents
  - Placements
  - Caseloads

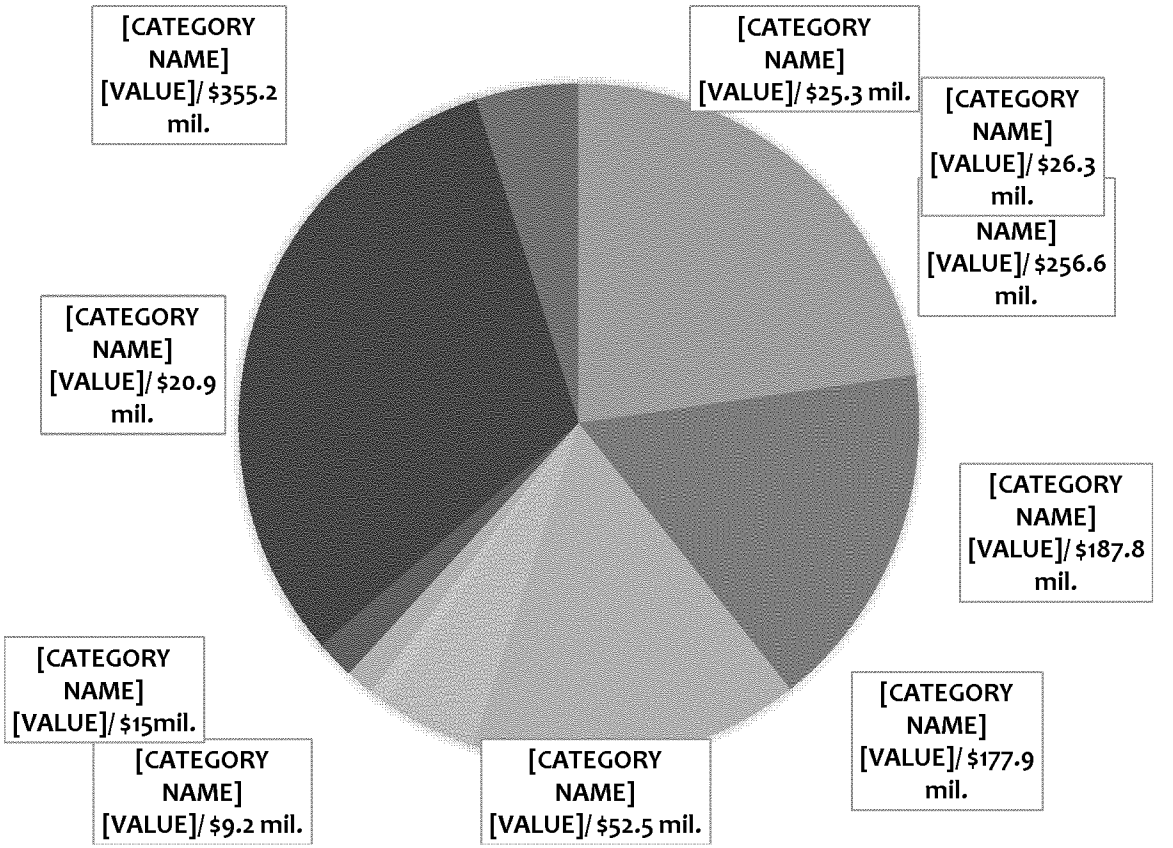
Challenges

- Incidents of maltreatment in care this number has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensure safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Timely county funded payments to providers.
- Increased social work visits and timely medicals and dentals.

Successes

- Renegotiated the MSA which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.

FY 2016 CSA Appropriations



MDHHS
Michigan Department of Health & Human Services

MDHHS 2017 Budget Recommendations
(in millions)

(Table to be inserted here by DHHS Budget)

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

MDHHS
Michigan Department of Health & Human Services

[Speaker Notes For Slide: 34]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.

Flint Water Crisis: Michigan's Aging Network/Aging & Adult Services Agency

- Prior to the State Declaration of Emergency on Jan. 5, Valley Area Agency on Aging (VAAA), in partnership with other local community agencies such as the Genesee County Community Action Resource Department and the Genesee County Health Department, participated in the local ad-hoc response to the local water crisis by helping organize local meetings and by distributed water and water filters to the Region 5 Planning and Service area home-delivered meals participants.

- **Trusted Access Point/Call Center:** VAAA continues to serve as a trusted access point for calls from homebound seniors who need assistance with bottled water, water filters, or if they have other general questions. VAAA also makes referrals to other agencies who can provide other needed services.

- **Service Data/Targeting Those Affected:** Michigan's State Unit on Aging, the Aging & Adult Services Agency (AASA), has provided the Michigan State Police with the addresses of nearly 2,000 at-risk older adults in the affected area as of Jan. 25.

    - VAAA has been working locally, in partnership with AASA, to compile data from the MI Choice Waiver program, has reached out to the Genesee Senior Millage provider network (estimated 1,400 clients), and has worked to compile a list of all unlicensed assisted living facilities in the affected area to help with the response effort.

    - AASA has been working within MDHHS to compile data from participants in the Home Help and Adult Community Placement programs for clients aged 60 years or older.

- **Nursing Homes:** Michigan's Long-Term Care Ombudsman program, housed within AASA, has been in coordination with local ombudsman in the affected area to provide help/support to local nursing homes and monitor them to ensure residents have safe drinking water.

- **Coordination with federal government:** AASA has been in communication with the federal Administration for Community Living/U.S. Department of Health and Human Services since December (Dec. 30) and has provided it updates on response efforts.

- **Lead Testing of Older Adults:** The Michigan Department of Health and Human Services (Bureau of Epidemiology) Lead Surveillance Program reports that 218 Flint residents aged 65 years or older have been tested for lead since Oct. 1, 2015 (221 tests total). Of the 218 seniors tested, 8 individuals tested had levels >= 5 µg/dL. None tested higher than 9 µg/dL.



Children's Services Agency

Fiscal Year 2017

Presentation to {Senate/House} {Full/Sub}Appropriations Committee on Health & Human Services

{DATE}

Steve Yager, Senior Deputy Director, Children's Services Agency
Farah Hanley, Senior Deputy Director, Financial Operations Administration

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Children's Services Vision and Mission

Vision: DHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

Mission: Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

Flint Water Situation

- Contacted each of the 122 impacted foster care providers and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each foster care provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each foster care provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all foster care providers regarding expectation for safe water at all times.

Flint Water Situation

- Initiated blood testing for the 87 children currently in foster care under the age of 6 living in Flint.
- Informing caregivers of the 152 children in foster care age 6 or over, living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children who resided in Flint between 4/2014-1/2016
  - Initiated blood testing for children in foster care under the age of 6.
  - Informing caregivers of children in foster care age 6 or over, to inform the child's physician of the child's possible lead exposure at their next primary care appointment.

Flint Water Situation

- Notifications currently being sent to caregivers of the children who were placed in Flint and are no longer under MDHHS care and supervision.
- Children's Protective Services workers will ensure safe water in all homes encountered as a function of investigation or ongoing service cases.
- Dedicated 4 existing full time employees to Genesee County for tracking and monitoring.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.

Children's Services Agency

- The Children's Services Agency oversees all child welfare services for children and their families.
- Children's Services directly employs approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
- The Children's Services Agency oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.

Meeting Federal Child Welfare Goals

SAFETY

- (Absence of) Recurrence of Abuse/Neglect within 6 months
  - Goal = 94.6% Recent Score =93.5%
- (Absence of) Maltreatment in Foster Care
  - Goal = 99.68% Recent Score = 99.64%

Meeting Federal Child Welfare Goals

PERMANENCY

- *Timeliness & Permanency of Reunification*
  - Goal = 122.6 Recent Score = 111.3
- *Timeliness to Adoption*
  - Goal = 106.4 Recent Score = 124.2
- *Permanency for Children in Foster Care for Long Periods*
  - Goal = 121.7 Recent Score = 140.5
- *Placement Stability in Foster Care*
  - Goal = 101.5 Recent Score = 105.9

Children's Protective Services

Children's Protective Services investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare.

Children's Protective Services also provides services to prevent removal from the parental home.

Children's Protective Services Statistics: Fiscal Year 2015

- Complaints received: 157,417
- Complaints investigated: 92,729
  - (59% of complaints received)
- Substantiated complaints: 23,813 (Category I and II)
  - (26% of assigned investigations, 15% of all complaints received)
- Number of children removed from parent: 5,810

[Speaker Notes For Slide: 11]

Foster Care

Foster Care Programs:

- Provides placement and supervision of children who have been removed by the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensure the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.

MDHHS and Private Agencies…

- Work with parents to rectify conditions that led to the child's removal.
  - Provision of services
    (substance abuse treatment, parenting education, mental health treatment, etc.)
  - Facilitate frequent parent-child visits
- Supervise child in out-of-home placement to ensure well-being & provision of necessary services.

MDHHS and Private Agencies…

- Monitor parents' progress and compliance with services on a regular basis.
- Report to the court every 3 months as to parents' progress.
- Make recommendations regarding reunification, termination of parental rights, or alternate permanency plans.

Children in Foster Care Statistics

- MDHHS is responsible for supervision of **12,873 children as of December 31, 2015 down from 18,016 in 2008.**
  - 35% are placed in unrelated, licensed foster homes
  - 32% are placed with relatives (licensed & unlicensed)
  - 16% are being supervised in their own homes
  - 17% are placement in other placements types

Adoption Services

Adoption Services Programs provide the adoptive placement of state and permanent court wards.

- 80% of the number of children available for adoption were adopted in 2015.*
- More than 1,700 children were adopted in 2015.
- Eight Post Adoption Resource Centers provide services statewide.

*Number is estimated because the 2015 number has not yet been finalized.

Adoption Assistance Programs

Adoption Assistance Programs provide adoption assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administer approximately $229 million serving approximately 26,500 children each year.

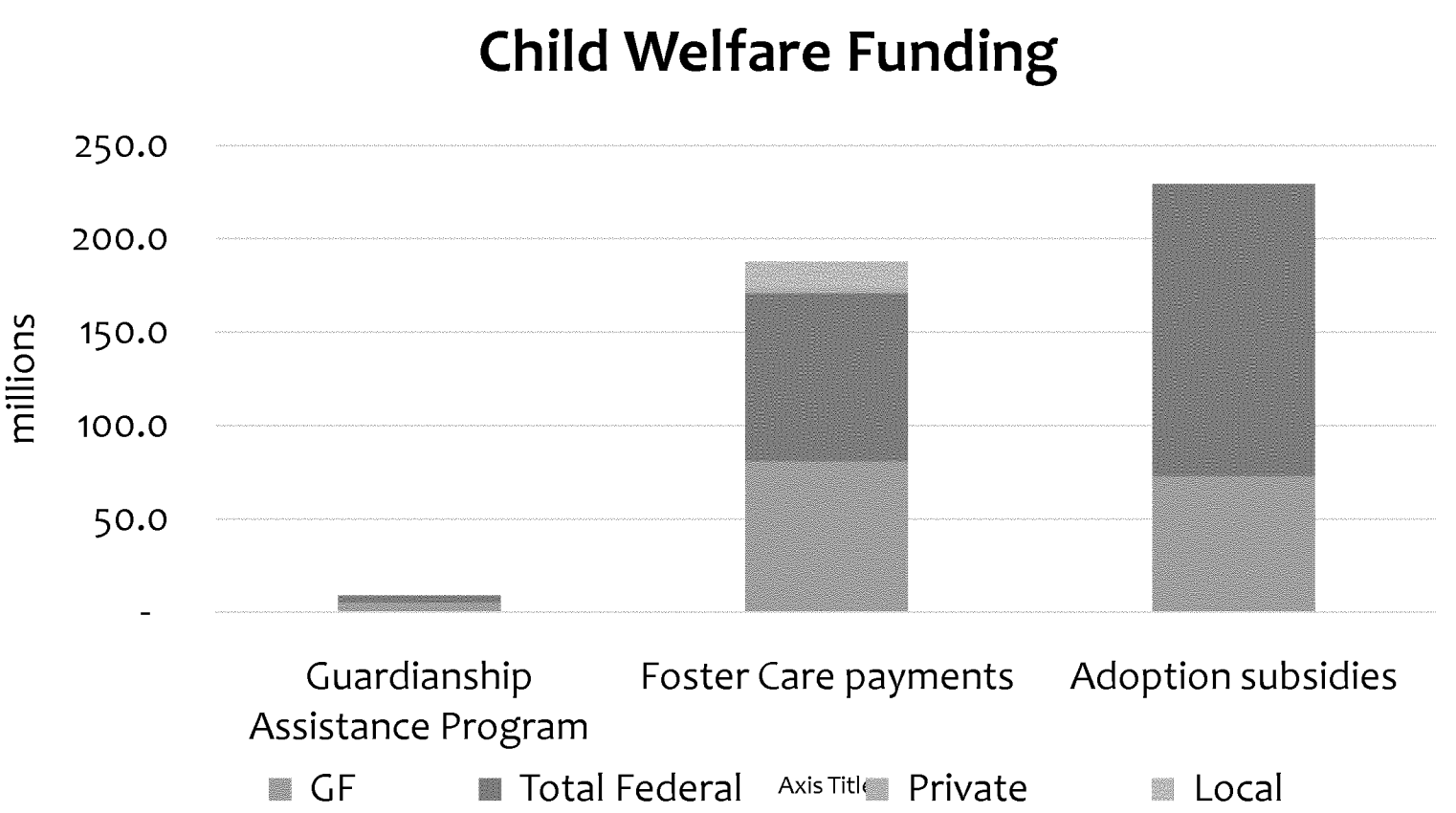
Guardianship Assistance Program

The Guardianship Assistance Program provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority.

The transfer of legal responsibility:

- Transitioned the child out of the child welfare system.
- Allows a caregiver to make important decisions on the child's behalf.
- Establishes a permanent caregiver for the child.
- Addresses financial needs through ongoing assistance payments.

Foster Care, Adoption & Guardianship Payments



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

[Speaker Notes For Slide: 20]

-

-

Child Welfare Licensing

Child Welfare Licensing protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
- Child Placing Agencies
- Children's Foster Homes
- Court Operated Facilities

The Child Welfare Licensing Division regulates 6,838 facilities.

Juvenile Justice Programs

Juvenile Justice Programs provide community based programs and supervision for juvenile justice youth referred or committed to MDHHS.

Youth placed in state-operated and private residential facilities are also provided assessments and services.

Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.

Juvenile Justice Programs

Ensuring a Juvenile Justice System that works for Michigan's children

- Properly assess the risks and needs of juvenile offenders to ensure the right type and amount of treatment.
- Develop a network of community-based and in-home programs using evidenced-based outcomes.
- Ensure the most appropriate placement for youth.
- Improve tracking outcomes in the juvenile justice system
  - Development of quality metrics in all future juvenile justice provider contracts.
  - Metrics include: recidivism; placements; length of stay; costs

Juvenile Justice Programs

Michigan Committee on Juvenile Justice

- Federally funded, Governor-appointed group of juvenile justice stakeholders who implement programs and make recommendations for system improvement.

Defending Childhood State Policy Initiative

- Focus on children who suffer trauma as a result of witnessing or experiencing violence.

Children's Trust Fund

Children's Trust Fund also known as the State Child Abuse and Neglect Prevention Board, is an independent, autonomous nonprofit organization created by Public Act 250 of 1982.

- Children's Trust Fund serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect.
- The Children's Trust Fund's purpose is to prevent child abuse and raise awareness of prevention through community-based programs.

Family Support Subsidy

The Family Support Subsidy Program provides a monthly subsidy to families that include children with severe developmental disabilities.

- The subsidy assists to keep families together and reduce the demand for state-provided out-of-home services.
- In FY14, the program served 6,695 children. Only 18 children (0.3 percent) were placed out of home during FY14.

Children's Behavioral Action Team

- The Children's Behavioral Action Team is responsible for overseeing development of collaborative transition plans to support 50 extremely complex children/youth to be discharged from Hawthorn Center to return home to their families.

- The target population includes children/youth with serious emotional disturbance, ages 5 to 18 currently residing in Hawthorn Center.

Children's Behavioral Action Team

Outcome data as of December 31, 2015:

24 children/youth are receiving Children's Behavioral Action Team services representing 14 counties throughout the State, 6 have yet to be discharged from Hawthorn and 18 have been discharged.

- Of the 18 children/youth discharged:
  - 15 (83%) remain in the community and 3 (17%) are currently in residential placements.
  - 75% have remained completely out of psychiatric inpatient care.
  - Seven psychiatric readmissions for five children/youth since March 2015, with 5 successful transitions back to the community.

- The number of days a child/youth served by the Children's Behavioral Action Team spent in any psychiatric hospital post discharge from Hawthorn has been reduced by 65-70%.

MiSACWIS

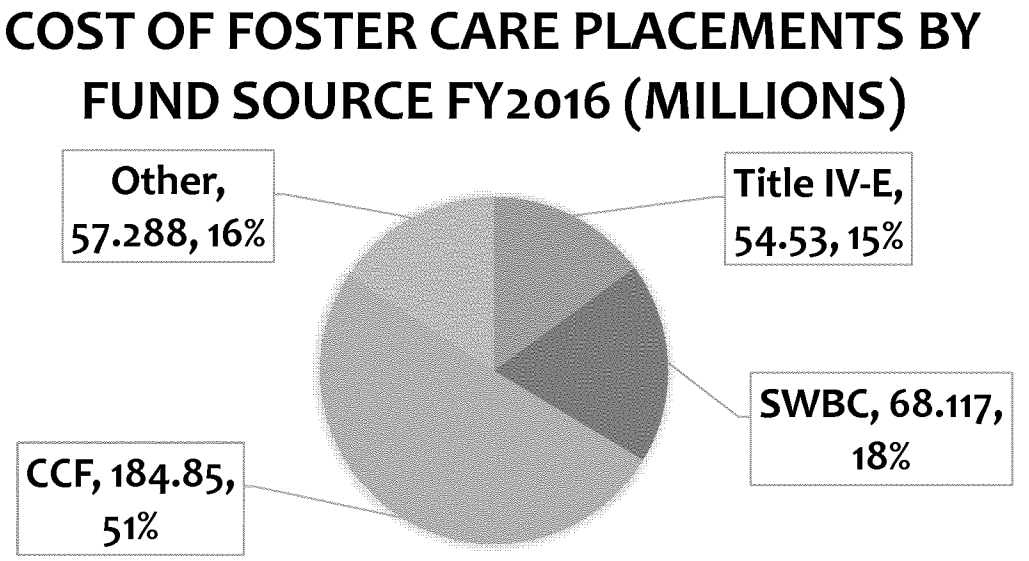
Planned 2016:

- Financials Recoupment and Reconciliation
- Financials Chargeback and Adjustments
- MiCSES (Child Support) Interface
- Child Welfare Licensing Integration
- Field enhancement requests
- Initiate Centralized Intake Web Portal Data Warehouse reporting

Planned 2017:

- Increase the effectiveness of safety plans
- Increase the performance of the Centralized Intake Hotline
- Provide more efficient tools for permanency planning.
- Further prevent families needing long term assistance from child welfare
- Utilize the Integrated Service Delivery Portal

Cost of Out of Home Placements by Funding Source FY2015



State Ward Board and Care (SWBC), Title IV-E, and Child Care Fund (CCF) all serve both the Neglect/Abuse and Juvenile Justice populations.

County Child Care Fund

- Child Care Fund provides financial reimbursement to counties for community-based programming and placement costs for youth in child welfare or juvenile justice programs.
- In-Home Care programs are innovative and creative community-based programs that are developed locally as an alternative to out-of-home placement.
- Each FY the county/tribe must submit an annual plan and budget for approval prior to reimbursement of CCF-related expenses.

[Speaker Notes For Slide: 32]

Juvenile Justice Funding

- County supervised and county administered.
- For Juvenile Justice Cases, the County Child Care Fund pays 100% cost of care and the state reimburses 50% of eligible expenses.
- Only what is outlined in the County/Tribe's approved budget can be reimbursed.
- Counties/Tribes may amend their budgets throughout the year if they deem additional funding is needed.

[Speaker Notes For Slide: 34]

Child Welfare Funding

- State supervised and state administered.
- For County Child Care Fund child welfare cases, the county pays 100% cost of care and the state reimburses 50% of the cost.
- For Title IV-E child welfare cases, the state pays 100%.
- For State Ward Board and Care, the state pays 100% and the county reimburse 50%. The private agency administrative rate is paid 100% by the state.

[Speaker Notes For Slide: 36]

Foster Care and Adoption Payments

- Currently, no major, technical barriers causing delays in payments in MiSACWIS.
- MDHHS advanced money to several agencies in 2014 to assist with expediting payments due to conversion issues from SWSS to MiSACWIS. 89% of the advances to agencies have been returned to the state.
- Many staff still learning the multi-stage process for payments.
- Began offering specific placement/payment trainings for public and private agency staff.
- Building capacity to conduct regular foster care payment reconciliation functionality.

[Speaker Notes For Slide: 38]

Kent County Performance Based Funding Pilot

- Development of a data-driven draft Kent County case rate and payment methodologies.
- Collaboration to establish 501c status.
- Licensure to become a Child Placing Agency is in process.
- Executed contracts for a project manager, actuary and evaluators.
- Established a dedicated, full time position within Children's Services.
- Aggressively working towards a July 1, 2016 begin date pending resolution of dependencies.
- Information technology opportunities exist: Time and effort of MDHHS staff to incorporate MiSACWIS data into Mindshare and potential security/data sharing risks

Update on Federal Consent Decree

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan which replaces the Modified Settlement Agreement.
- The new agreement permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- Reduction from 240 monitored requirements to 71 monitored requirements.

Update on Federal Consent Decree

- Key metrics include:
  - Safety: Maltreatment in Care, Recurrence and CPS
  - Health: Medicals, Dentals and Informed Consents
  - Placements
  - Caseloads
- Key initiatives to address the 71 monitored requirements:
  - Further enhancement of the Book of Business
  - Development of 65 data reports to monitor progress.
  - Interface with Care Connect 360
  - Policy changed requiring all relatives to be licensed.

Challenges

- Incidents of maltreatment in care has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensuring safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Increased social work visits and timely medicals and dentals.

Successes

- Renegotiated the Modified Settlement Agreement which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.

Governor Snyder's FY17 Recommendation

Expansion of Family Preservation and Support Services

Prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.

* Expand Parent Partner Program to 10 additional counties through issuance of eight additional contracts. Currently, the Parent Partner Program has 3 contractors providing services in Wayne County.

* Expand Family Reunification Program (FRP) to counties in Northern Michigan – providing statewide coverage. Six additional contractors are needed to provide services to 42 Northern counties. Currently, there are 19 FRP contractors providing services in 41 counties.

[Speaker Notes For Slide: 46]

Proposal Title: Expand family preservation and support services to prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.

Proposal Explanation:

Expansion of family preservation and support services:

(1) Expand Parent Partner Program to 10 additional counties through issuance of eight additional contracts. Currently, the Parent Partner Program has 3 contractors providing services in Wayne County.

(2) Expand Family Reunification Program (FRP) to counties in Northern Michigan – providing statewide coverage. Six additional contractors are needed to provide services to 42 Northern counties. Currently, there are 19 FRP contractors providing services in 41 counties.

Michigan must continue to reduce the number of children placed in foster care, keep more children with their families, and support parents to safely care for their children. This proposal will achieve those goals by:

A. Reducing the average length of stay in care for children served by seven months, thereby decreasing the cost of providing foster care services to children and families.

B. Increasing the availability of services designed specifically to facilitate and maintain family reunification.

C. Reducing the number of children who return to care due to a lack of intervention and resources.

D. Utilizing the expertise of parents as mentors, thereby decreasing their dependence on public assistance.

This service enhancement proposal addresses the following MDHHS Strategic Priorities:

o Supports the integration of service delivery among programs across the department.

o Encourages preventive services.

o Prevents individuals from needing long term assistance and supporting those that promote self-sufficiency.

o Reduces reliance on public assistance for individuals and families.

Parent Partner Program:

The Parent Partner Program is an in-home approach to parent mentoring by employing former foster care service recipients who have achieved reunification and maintained their children in their care. These parents provide inhome support, mentoring and concrete services to referred parents who are working toward reunification for their families. The service is designed to assist the family with achieving reunification within six months of the referral to the program. As staffed, the program creates full-time employment for the Parent Partner and decreases dependence on public assistance. The cost effectiveness of the service is evidenced by the intervention costs being lower than continued out of home placement. Once a plan is established for reunification of the child(ren), the birth family may receive Family Reunification Program services.

Family Reunification Program:

Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect who may be returned home with intensive services within 30 days of the FRP

referral. Out-of-home placement includes, but is not limited to residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship).

FRP seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP currently is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the goal is to return the child home.

MDHHS 2017 Executive Recommendation
(in millions)

2017 Executive Recommendation	FY 2017 Recommendation	
	Gross	General Fund
Children's Services Agency - Child Welfare	$1,131.0	$433.8
Children's Services Agency - Juvenile Justice	$23.9	$10.0
Total 2017 Executive Recommendation	**$1,154.9**	**$443.8**

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MDHHS 2017 Budget Recommendations
(in millions)

Description	FY 2017 Recommendation	
	Gross	General Fund
Investments:		
Expand Family Preservation and Support Services (One-Time)	$10.0	$0.0
Reductions:		
Adoption Family Support Network Funding	($0.4)	($0.4)
County Hold Harmless Funding for Children's Services	($6.1)	($5.2)
In Home Community Care Grants for Rural Counties	($0.4)	($0.4)
Caseload Adjustments:		
Foster Care Program	$1.0	($8.7)
Adoption Subsidies	($6.0)	$0.7
Child Care Fund Program	$6.3	$6.3
Guardian Assistance Program	$2.7	$3.5
Family Support Subsidy	($0.7)	$0.0

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

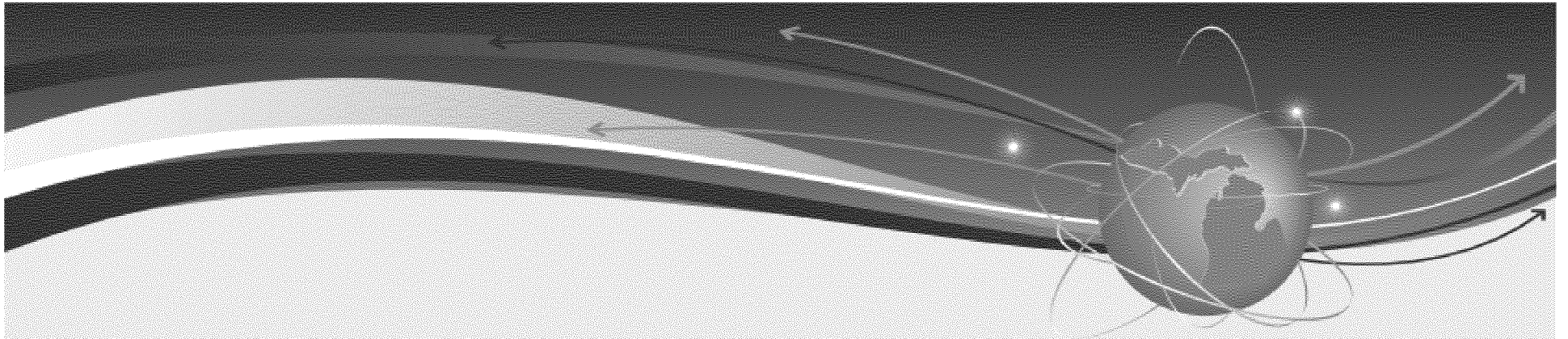
Website: http://www.michigan.gov/mdhhs

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 50]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



MDHHS

Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Steve Yager, Senior Deputy Director

Children's Services Agency

Presentation to Senate Appropriations Subcommittee

Health and Human Services

February 16, 2016

Our Guiding Principles



Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS

Children's Services Vision and Mission

VISION

DHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

MISSION

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

CHILDREN'S SERVICES:

- Contacted each of the 122 impacted foster care providers and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each foster care provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each foster care provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all foster care providers regarding expectation for safe water at all times.

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

- Initiated blood testing for the 87 children currently in foster care under the age of 6 living in Flint.
- Informing caregivers of the 152 children in foster care age 6 or over, living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children who resided in Flint between 4/2014-1/2016
  - Initiated blood testing for children in foster care under the age of 6.
  - Informing caregivers of children in foster care age 6 or over, to inform the child's physician of the child's possible lead exposure at their next primary care appointment.

Action on Flint Declaration of Emergency

Responsibility – Accountability – Action

- Notifications currently being sent to caregivers of the children who were placed in Flint and are no longer under MDHHS care and supervision.
- Children's Protective Services workers will ensure safe water in all homes encountered as a function of investigation or ongoing service cases.
- Dedicated 4 existing full time employees to Genesee County for tracking and monitoring.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.

Children's Services Agency

- The Children's Services Agency oversees all child welfare services for children and their families.
- Children's Services directly employs approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
- The Children's Services Agency oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.

Meeting Federal Child Welfare Goals

SAFETY

- (Absence of) Recurrence of Abuse/Neglect within 6 months
  - Goal = 94.6% Recent Score =93.5%

- (Absence of) Maltreatment in Foster Care
  - Goal = 99.68% Recent Score = 99.64%

Meeting Federal Child Welfare Goals

PERMANENCY

- *Timeliness & Permanency of Reunification*
  - Goal = 122.6 Recent Score = 111.3
- *Timeliness to Adoption*
  - Goal = 106.4 Recent Score = 124.2
- *Permanency for Children in Foster Care for Long Periods*
  - Goal = 121.7 Recent Score = 140.5
- *Placement Stability in Foster Care*
  - Goal = 101.5 Recent Score = 105.9

MDHHS

Children's Protective Services

Children's Protective Services investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare.

Children's Protective Services also provides services to prevent removal from the parental home.

Children's Protective Services Statistics: Fiscal Year 2015

- Complaints received: 157,417
- Complaints investigated: 92,729
  - (59% of complaints received)
- Substantiated complaints: 23,813 (Category I and II)
  - (26% of assigned investigations, 15% of all complaints received)
- Number of children removed from parent: 5,810

Foster Care

Foster Care Programs:

- Provides placement and supervision of children who have been removed by the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensure the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.

MDHHS and Private Agencies…

- Work with parents to rectify conditions that led to the child's removal.
  - Provision of services
    (substance abuse treatment, parenting education, mental health treatment, etc.)
  - Facilitate frequent parent-child visits
- Supervise child in out-of-home placement to ensure well-being & provision of necessary services.

MDHHS and Private Agencies…

- Monitor parents' progress and compliance with services on a regular basis.
- Report to the court every 3 months as to parents' progress.
- Make recommendations regarding reunification, termination of parental rights, or alternate permanency plans.

Children in Foster Care Statistics

- MDHHS is responsible for supervision of **12,873 children as of December 31, 2015 down from 18,016 in 2008**.

- 35% are placed in unrelated, licensed foster homes
- 32% are placed with relatives (licensed & unlicensed)
- 16% are being supervised in their own homes
- 17% are placement in other placements types

Adoption Services

- Adoption Services Programs provide the adoptive placement of state and permanent court wards.
  - 80% of the number of children available for adoption were adopted in 2015.*
  - More than 1,700 children were adopted in 2015.
  - Eight Post Adoption Resource Centers provide services statewide.

*Number is estimated because the 2015 number has not yet been finalized.

Adoption Assistance Programs

Adoption Assistance Programs provide adoption assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administer approximately $229 million serving approximately 26,500 children each year.

Guardianship Assistance Program

The Guardianship Assistance Program provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority.

The transfer of legal responsibility:

- Transitioned the child out of the child welfare system.
- Allows a caregiver to make important decisions on the child's behalf.
- Establishes a permanent caregiver for the child.
- Addresses financial needs through ongoing assistance payments.



Child Welfare Licensing

Child Welfare Licensing protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
- Child Placing Agencies
- Children's Foster Homes
- Court Operated Facilities

The Child Welfare Licensing Division regulates 6,838 facilities.

Juvenile Justice Programs

Juvenile Justice Programs provide community based programs and supervision for juvenile justice youth referred or committed to MDHHS.

Youth placed in state-operated and private residential facilities are also provided assessments and services.

Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.

Juvenile Justice Programs

Ensuring a Juvenile Justice System that works for Michigan's children

- Properly assess the risks and needs of juvenile offenders to ensure the right type and amount of treatment.
- Develop a network of community-based and in-home programs using evidenced-based outcomes.
- Ensure the most appropriate placement for youth.
- Improve tracking outcomes in the juvenile justice system
  - Development of quality metrics in all future juvenile justice provider contracts.
  - Metrics include: recidivism; placements; length of stay; costs

Juvenile Justice Programs

Michigan Committee on Juvenile Justice

- Federally funded, Governor-appointed group of juvenile justice stakeholders who implement programs and make recommendations for system improvement.

Defending Childhood State Policy Initiative

- Focus on children who suffer trauma as a result of witnessing or experiencing violence.

.

Children's Trust Fund

Children's Trust Fund also known as the State Child Abuse and Neglect Prevention Board, is an independent, autonomous nonprofit organization created by Public Act 250 of 1982.

- Children's Trust Fund serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect.
- The Children's Trust Fund's purpose is to prevent child abuse and raise awareness of prevention through community-based programs.

Family Support Subsidy

The Family Support Subsidy Program provides a monthly subsidy to families that include children with severe developmental disabilities.

- The subsidy assists to keep families together and reduce the demand for state-provided out-of-home services.
- In FY14, the program served 6,695 children. Only 18 children (0.3 percent) were placed out of home during FY14.

Children's Behavioral Action Team

- The Children's Behavioral Action Team is responsible for overseeing development of collaborative transition plans to support 50 extremely complex children/youth to be discharged from Hawthorn Center to return home to their families.

- The target population includes children/youth with serious emotional disturbance, ages 5 to 18 currently residing in Hawthorn Center.

.

Children's Behavioral Action Team

Outcome data as of December 31, 2015:

24 children/youth are receiving Children's Behavioral Action Team services representing 14 counties throughout the State, 6 have yet to be discharged from Hawthorn and 18 have been discharged.

- Of the 18 children/youth discharged:
  - 15 (83%) remain in the community and 3 (17%) are currently in residential placements.
  - 75% have remained completely out of psychiatric inpatient care.
  - Seven psychiatric readmissions for five children/youth since March 2015, with 5 successful transitions back to the community.

- The number of days a child/youth served by the Children's Behavioral Action Team spent in any psychiatric hospital post discharge from Hawthorn has been reduced by 65-70%.

MiSACWIS

Planned 2016:

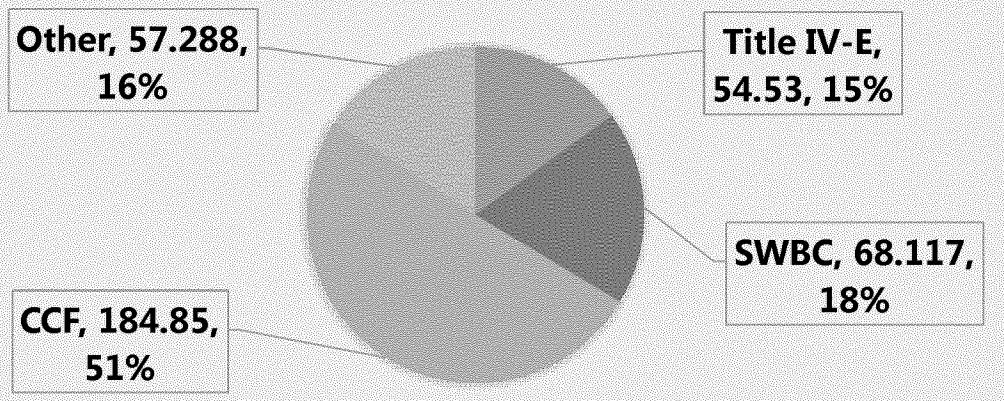
- Financials Recoupment and Reconciliation
- Financials Chargeback and Adjustments
- MiCSES (Child Support) Interface
- Child Welfare Licensing Integration
- Field enhancement requests
- Initiate Centralized Intake Web Portal Data Warehouse reporting

Planned 2017:

- Increase the effectiveness of safety plans
- Increase the performance of the Centralized Intake Hotline
- Provide more efficient tools for permanency planning.
- Further prevent families needing long term assistance from child welfare
- Utilize the Integrated Service Delivery Portal

Cost of Out of Home Placements by Funding Source FY2015

COST OF FOSTER CARE PLACEMENTS BY FUND SOURCE FY2016 (MILLIONS)



State Ward Board and Care (SWBC), Title IV-E, and Child Care Fund (CCF) all serve both the Neglect/Abuse and Juvenile Justice populations.

County Child Care Fund

- Child Care Fund provides financial reimbursement to counties for community-based programming and placement costs for youth in child welfare or juvenile justice programs.
- In-Home Care programs are innovative and creative community-based programs that are developed locally as an alternative to out-of-home placement.
- Each FY the county/tribe must submit an annual plan and budget for approval prior to reimbursement of CCF-related expenses.

Juvenile Justice Funding

- County supervised and county administered.
- For Juvenile Justice Cases, the County Child Care Fund pays 100% cost of care and the state reimburses 50% of eligible expenses.
- Only what is outlined in the County/Tribe's approved budget can be reimbursed.
- Counties/Tribes may amend their budgets throughout the year if they deem additional funding is needed.

Child Welfare Funding

- State supervised and state administered.
- For County Child Care Fund child welfare cases, the county pays 100% cost of care and the state reimburses 50% of the cost.
- For Title IV-E child welfare cases, the state pays 100%.
- For State Ward Board and Care, the state pays 100% and the county reimburse 50%. The private agency administrative rate is paid 100% by the state.

Foster Care and Adoption Payments

- Currently, no major, technical barriers causing delays in payments in MiSACWIS.
- MDHHS advanced money to several agencies in 2014 to assist with expediting payments due to conversion issues from SWSS to MiSACWIS. 89% of the advances to agencies have been returned to the state.
- Many staff still learning the multi-stage process for payments.
- Began offering specific placement/payment trainings for public and private agency staff.
- Building capacity to conduct regular foster care payment reconciliation functionality.

Kent County Performance Based Funding Pilot

- Development of a data-driven draft Kent County case rate and payment methodologies.
- Collaboration to establish 501c status.
- Licensure to become a Child Placing Agency is in process.
- Executed contracts for a project manager, actuary and evaluators.
- Established a dedicated, full time position within Children's Services.
- Aggressively working towards a July 1, 2016 begin date pending resolution of dependencies.
- Information technology opportunities exist: Time and effort of MDHHS staff to incorporate MiSACWIS data into Mindshare and potential security/data sharing risks

Update on Federal Consent Decree

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan which replaces the Modified Settlement Agreement.
- The new agreement permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- Reduction from 240 monitored requirements to 71 monitored requirements.

Update on Federal Consent Decree

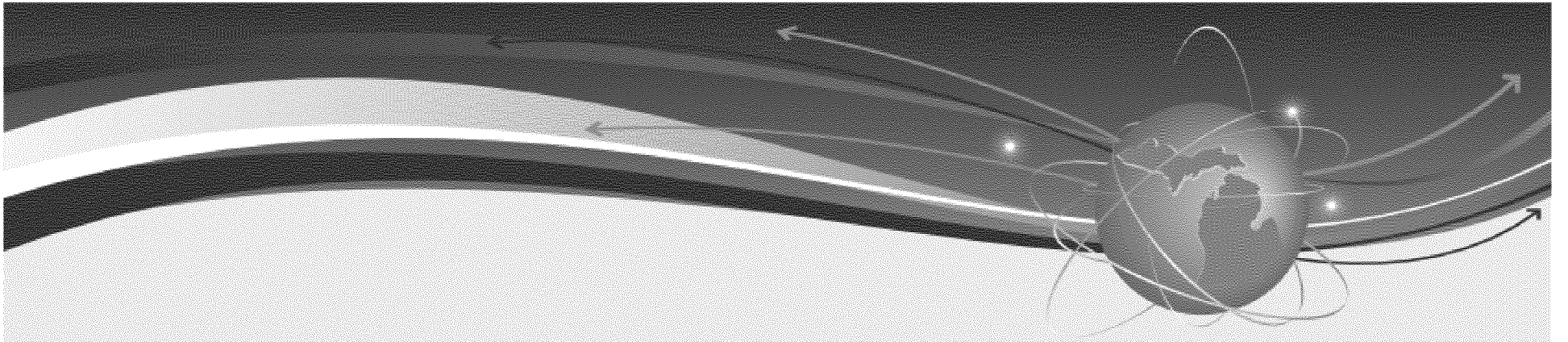
- Key metrics include:
  - Safety: Maltreatment in Care, Recurrence and CPS
  - Health: Medicals, Dentals and Informed Consents
  - Placements
  - Caseloads
- Key initiatives to address the 71 monitored requirements:
  - Further enhancement of the Book of Business
  - Development of 65 data reports to monitor progress.
  - Interface with Care Connect 360
  - Policy changed requiring all relatives to be licensed.

Challenges

- Incidents of maltreatment in care has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensuring safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Increased social work visits and timely medicals and dentals.

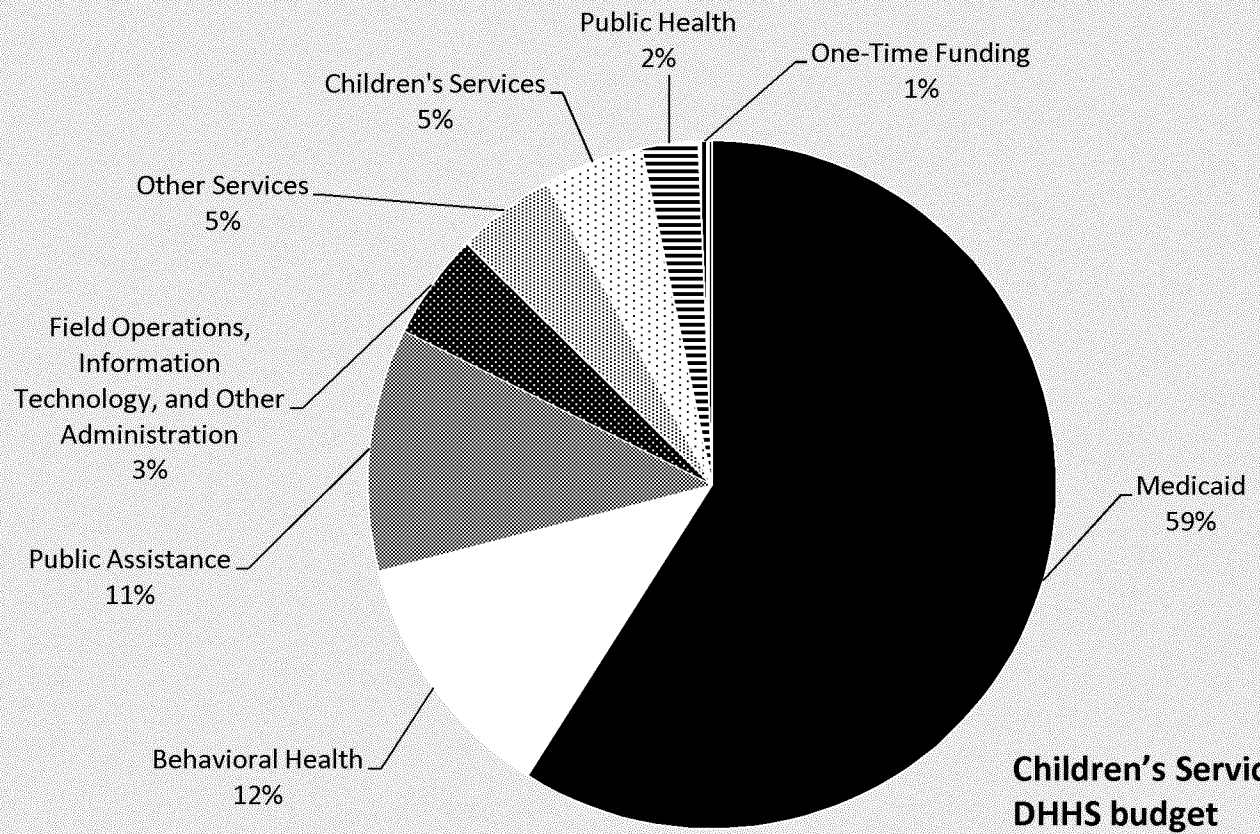
Successes

- Renegotiated the Modified Settlement Agreement which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.



Governor Snyder's FY17 Recommendation

MDHHS 2017 Budget Recommendation



Children's Services: 5% of DHHS budget

$1,154.8 M Gross

$ 433.8 GF/GP

Budget Recommendation

	Gross	GF/GP
Children's Services – Child Welfare	$1,131.0	$443.9
Children's Services – Juvenile Justice	$23.9	$10.0
Total	$1,154.8	$443.9
One-Time Funding	$10.0	$0.0

Investments

Provide Support to Youth and Families

Family Preservation and Support Services Expansion

- Three-year pilot to expand Parent Partner and Family Reunification programs to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- $10.0 M one-time investment is entirely funded with federal TANF revenues.

[Speaker Notes For Slide: 42]

Original PFC
Proposal Title: Expand family preservation and support services to prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
Proposal Explanation:
Expansion of family preservation and support services:
(1) Expand Parent Partner Program to 10 additional counties through issuance of eight additional contracts. Currently, the Parent Partner Program has 3 contractors providing services in Wayne County.
(2) Expand Family Reunification Program (FRP) to counties in Northern Michigan – providing statewide coverage. Six additional contractors are needed to provide services to 42 Northern counties. Currently, there are 19 FRP contractors providing services in 41 counties. Michigan must continue to reduce the number of children placed in foster care, keep more children with their
families, and support parents to safely care for their children. This proposal will achieve those goals by:
A. Reducing the average length of stay in care for children served by seven months, thereby decreasing the
cost of providing foster care services to children and families.
B. Increasing the availability of services designed specifically to facilitate and maintain family reunification.
C. Reducing the number of children who return to care due to a lack of intervention and resources.
D. Utilizing the expertise of parents as mentors, thereby decreasing their dependence on public assistance. This service enhancement proposal addresses the following MDHHS Strategic Priorities:
o Supports the integration of service delivery among programs across the department.
o Encourages preventive services.
o Prevents individuals from needing long term assistance and supporting those that promote self-sufficiency.
o Reduces reliance on public assistance for individuals and families.
Parent Partner Program:
The Parent Partner Program is an in-home approach to parent mentoring by employing former foster care service recipients who have achieved reunification and maintained their children in their care. These parents provide in home support, mentoring and concrete services to referred parents who are working toward reunification for their families. The service is designed to assist the family with achieving reunification within six months of the referral to the program. As staffed, the program creates full-time employment for the Parent Partner and decreases dependence on public assistance. The cost effectiveness of the service is evidenced by the intervention costs being lower than continued out of home placement. Once a plan is established for reunification of the child(ren), the birth family may receive Family Reunification Program services.
Family Reunification Program:
Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect who may be returned home with intensive services within 30 days of the FRP referral. Out-of-home placement includes, but is not limited to residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship). FRP seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP currently is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the
goal is to return the child home.
Population Demographic Impacted:
Estimate of Number Impacted: 980 families and approximately 1960 children will receive services to decrease their time in the foster care system and facilitate safe and stable reunification.
Proposal Justification:
Currently, the average length of stay for children in foster care prior to reunification is 13 months (although approximately 60% of placements are less than 12 months). The main focus of this proposal is reducing time in care for children and enhancing parental awareness and resilience in a manner that will contribute significantly to our long-term success in maintaining families safely intact. Parent Partner Program: The average service cost per family is approximately $3,750. This is the cost of a

Adjustments

Reductions:	**Gross**	**GF/GP**
Adoption Family Support Network Funding	($0.4)	($0.4)
County Hold Harmless Funding for Children's Services	($6.1)	($5.2)
In Home Community Care Grants for Rural Counties	($0.4)	($0.4)
Caseload Adjustments:		
Foster Care Program	$1.0	($8.7)
Adoption Subsidies	($6.0)	$0.7
Child Care Fund Program	$6.3	$6.3
Guardian Assistance Program	$2.7	$3.5
Family Support Subsidy	($0.7)	$0.0

MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: http://www.michigan.gov/mdhhs

Legislative Service Bureau:

http://www.legislature.mi.gov/(S(n4rbq4jwj2dfwz1qybtu01cu))/mileg.aspx?page=home